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## Original Articles.

### A TREATISE.

BY H. N. GUERNSEY, M.D., PHILADELPHIA.

(Read, by invitation, before the New York County Homœopathic Medical Society, November 13, 1878.)

#### DEATH-RATES IN CHILDBED.

*"Every vital truth has been born into the world amid pain and trouble, and has succeeded to acceptance in men's minds only amid opposition and trial."*

In looking over the September number, 1878, of the the "*Obstetrical Journal of Great Britain and Ireland, including midwifery, &c.*," my eye was arrested by the above title of a paper by Alfred H. McClintock, M.D., F.R.C.S.L., LL.D. This gentleman, by universal concession of the Allopathic School of Medicine, stands pre-eminent in accuracy of statistics, so that what he publishes may be regarded as authentic.

His statistics for "Death-rates in Childbed" are made "from a large collection of cases treated in private practice by several men of character and eminence," and have been in compilation for a long period of years. By the term "in childbed" he means those women only, that have perished either in the act of parturition or within the succeeding four weeks.

In the above data he estimates the death-rate in childbed at *one per cent.*\* "among patients in comfortable circumstances, treated at their own homes by competent and highly skilled accoucheurs," where of course these competent and highly-skilled accoucheurs would

\* "And this, mind you," and I am now using his own words.

naturally avail themselves of every known means of saving life under such urgent and peculiar circumstances. In the lower walks of life, where less skill is brought into requisition, and the means for employing all that is known, are wanting, the death-rate must be much higher. Dr. McClintock further states that he has lately received from Professor Lusk, of New York, an interesting and elaborate paper which "contains one very striking fact which tends to support the estimate I have put forward as the true death-rate of women in childbed." This "striking fact" is as follows: "A careful analysis made by Dr. Lusk of the vital statistics of New York for the nine years ending 1876, shows that the total number of deaths to the total number of confinements would be, at least, in the proportion of 1 to 85. In the Philadelphia Almshouse, Blockley, during the years 1872-1876, inclusive, the mortality from all causes was, in 1109 cases, 38 deaths, giving a percentage of 3.42.

If, then, in Great Britain, where medical learning and skill have attained so great a height, one (1) in a hundred (100) recent mothers must go to an untimely grave; and if in New York, the metropolis of America, where medical education and ability are supposed to abound, 1 in 85 recent mothers must succumb to the fell destroyer—then, to place the death-rate throughout the United States of America at one per centum, would really be a very low estimate for Allopathic physicians. It is their own statistics, and death-rates which they themselves give, that we are now reporting. But in so important a matter as this, nothing should be kept back. They should tell us of the injured constitutions by bad treatment—the deleterious effects of their frightful medication—of the suppression of diseased conditions they cause,

which linger in the system and gnaw at the vital force like a canker-worm, till the grave covers their deplorable work and the case is forgotten. Of the ninety-nine or eighty-four that survive, how many escape these scathing influences altogether? Add all these injuries to their already frightful death-rates, and some idea of the magnitude of their mortality can be entertained.

But let us turn to the contemplation of a more pleasing picture. So soon as I determined to write this paper, I addressed a large number of postal cards to Homœopathic physicians of *character and eminence*, living in different parts of the country, for the sake of their experiences which should serve as the basis for statistics that could be relied upon to establish death-rates in childbed, under "*Homœopathic treatment, pure and simple.*" The card of inquiry ran as follows:—

"Estimated from your own experience, and from the experience of your most intimate associates in the practice of Homœopathy pure and simple, what should be regarded as the average mortality among women in parturition, and the four weeks immediately succeeding?"

Eighty answers to this inquiry came promptly to hand, the sum total of which warrants the estimate, in accordance with the data of the the card, at *less than one-fifth of one per centum*, which is less than two deaths in a thousand cases of confinement. These statements came principally from our distinguished and veteran brethren who I know practice Homœopathy pure and simple; who I know rely upon the properly selected medicine in all cases of therapeutical necessities; who I know keep aloof from the Allopathic mode of practice as far as possible, being well aware that the latter leads to misery and death, whilst the strictly Homœopathic mode leads to happiness and safety.

Take, for instance, puerperal or childbed fever, septicæmia, or whatever it may be called; also, phlebitis and phlegmasia alba dolens; the rate of mortality under Allopathic treatment in these cases is fully 30 per cent., or 300 out of 1000. It is only about 2 per cent., or 20 in 1000, under the Homœopathic treatment pure and simple. In puerperal convulsions, Allopathic rates are 25 per cent., or 250 per 1000. On the other hand, under *strictly*

Homœopathic treatment, with a *firm* reliance upon the well selected Homœopathic similimum the mortality is only  $1\frac{1}{2}$  per cent., which is 15 per 1000. And especially note the fact that, in Homœopathic recoveries there are *no sequelæ* to contend with, while the sequelæ attendant upon Allopathic recoveries are most alarming to contemplate. Look again at the figures in puerperal fevers, &c.—300 out of 1000 for Allopathy, to 20 out of 1000 for Homœopathy. Again, in puerperal convulsions—250 out of 1000 for Allopathy, to 15 out of 1000 for Homœopathy. This being the case, why is it that some Homœopathic physicians shirk their duty and resort to Allopathic measures, in such cases?

It is worthy of note, just here, that women having had strict Homœopathic treatment before and during pregnancy, have by far fewer irregularities during parturition and the lying-in period; and what abnormalities do then occur, are much more easily controlled. And still further be it remarked, as a positive fact, that the further we depart from strict Homœopathy, pure and simple—the more a physician drifts into and adopts Allopathic measures in the treatment of his patients, in these or any other forms of illness—the *higher becomes his death-rate*. "Comparisons are odious," and here they are particularly so to the Allopathic fraternity's mode of practice. About the year 1850, it fell to my lot to work through an epidemic of childbed fever which raged with great severity in the extensive 23d ward (Frankford) of Philadelphia. My obstetric practice was very large, certainly as large as that of any of the twelve physicians in the ward. I was the only Homœopathic physician practising in the ward at that time. We worked side by side in the same streets and in the same blocks. The Allopathic physicians lost a large number of their patients, whilst I did not lose even *one*, during the entire epidemic; and I have so far, in a practice extending over thirty-five years, during which time I have attended fully 4000 childbed cases, lost but one case of puerperal fever within the four weeks immediately succeeding confinement.

A fearful catastrophe to encounter under the Allopathic mode of treatment, and from which, according to Churchill's statistics, one out of every six dies, is *post-partum hæmorrhage*. With

all their appliances—the cold douche, ice-plugs, colpeurynters, hot water injections, transfusions, and every other conceivable plan, except the right one, to arrest hæmorrhage and to save life, they lose one-sixth of all their cases of this kind. Then why should we, even in a solitary instance, imitate their bad example in the treatment of these cases, thereby meting out to ourselves such a calamity, which indeed is a cutting reproach to the divine art of healing. For we have it on indisputable evidence, that in all post-partum hæmorrhages which are treated by even moderately skillful Homœopathic physicians, when they select and apply their medicines according to the strictest principles of our school, the average death-rate is  $\frac{1}{20}$  of 1 per cent. This is a loss of 1 in 2000 against  $166\frac{2}{3}$  in 1000 for those who practice Allopathy according to their own statistics.

The statistics, as given above, which redound so largely to the credit of Homœopathy, will stand the test of close scrutiny and soon enough will all the jeers, jokes, sarcasms, slanders and condemnations of the real Homœopathic practice in these cases,—soon enough will all the abuses of so sacred a matter—come home with fearful vengeance upon the heads of those who perpetrate such wrongs. It is a *fact* that the more strict the Homœopathic treatment in *these very cases*, the *smaller* will be the *mortality*. I find my own experience to accord well with that of nearly all my correspondents; that they never use any other means for controlling post-partum hæmorrhage than the Homœopathic medicine, having no confidence in any other, and they rarely lose a case from this much dreaded occurrence. In a practice of thirty-five years, during which time I have treated fully 4000 cases of childbed sickness, I have, *truthfully* and *honestly*, never lost a case by uterine hæmorrhage, and I have *never* used an adjuvant of any sort or kind. I have been repeatedly called in consultation with other physicians in these cases, and have always seen a happy issue. Also, I have succeeded Allopathic physicians when, by their manner, if not by their words, they have shown the interested parties that they had no hope of saving life—and *these* cases I have *invariably* saved. I have found women almost insensible, pulseless and bathed in a cold clammy perspiration; “she is flooding to death,” the attendants would say. Calling at once for

a tumbler of water and a teaspoon, I drop a few little pellets of *China* between the lips of the dying patient, and a few more into the tumbler of water, and I give her a teaspoonfull of the solution every half minute or minute, and so continue to do till I can distinguish a return of the pulse; then I give it at longer intervals, and a perfect recovery is the final result. *China* is worth infinitely more than tens of thousands of transfusions or any quantity of brandy and water, or *any other* possible means of saving life, in these exceedingly dangerous cases.

Oh! “tell it not in Gath, nor let the sound thereof reach Askalon,” how some self-styled Homœopathic physicians decry the teaching of Samuel Hahnemann on this subject, as exemplified in my work on *Obstetrics*. This teaching is *true*, and it is being successfully tested by the best Homœopathic physicians in the world, more and more every day. Those who tamper in the least with Homœopathic treatment, *pure* and *simple*, are sure to fail of reaching the satisfactory results above reported; while all physicians who are true to the law of similars will meet with a success more or less brilliant according to their efforts.

In the preparation of this paper I have had occasion to refer to myself, not for self-elevation in comparison with others, but that I might the better illustrate the value of Homœopathic treatment; for I believe all can do as well as I and even better, if they apply the law of cure more perfectly than it has been in my power.

A brief recapitulation of comparative death-rates, and I will close:—

In Allopathic treatment of puerperal fever, phlebitis, phlegmasia alba dolens, &c., the loss within the puerperal month is 30 per cent., or 300 per 1000. In Homœopathic treatment, *pure* and *simple*, in the same disorders, only 2 per cent. or 20 per 1000. In puerperal convulsions—*real eclampsia*,—allopathic treatment has a mortality of 25 per cent., or 250 per 1000. In Homœopathic treatment, *pure* and *simple*, we have a loss of only  $1\frac{1}{2}$  per cent., or 15 per 1000. In puerperal hæmorrhage, post-partum, the Allopathic fraternity sustains a loss of  $166\frac{2}{3}$  per cent., or  $166\frac{2}{3}$  per 1000. The loss from the same disorder under Homœopathic treatment, *pure* and *simple*, is only  $\frac{1}{20}$  of 1 per cent., that is 1

per 2000. The average mortality from all causes within the puerperal month from Allopathic treatment is 1 per cent., or 10 per 1000. From the effects of drugging and inefficiency in aiding the recuperative powers of nature at least 10 per cent. more premature deaths, sooner or later, making 20 per 1000. And what shall be said of the influence of all the heroic drugging upon the offspring? On the other hand, the further we keep from Allopathic treatment, and the more perfectly we practice Homœopathic treatment, *pure* and *simple*, the better for the offspring and the better for the mothers. Our statistics prove beyond question that our mortality does not reach  $\frac{1}{4}$  of 1 per cent., less than two in a thousand (2 per 1000), and no sequelæ or bad effects from drugging. When such striking differences of mortality are so clearly manifested between the two schools, and at the same time are so easy of demonstration, what hope or incentive have we in borrowing tools from the Allopathic School? The conclusion is *inevitable*; and our *duty*, as physicians, to our wives, our children, to our children's children, and to the community at large, absolutely *demands* of us that we obey, to the very letter and spirit, that grand and benignant Law of Cure which is embodied in the well known formula *Similia similibus curantur*.

We the undersigned, having examined and compared the eighty statistical reports, from as many Homœopathic physicians, on the mortality of women in childbed, recording upwards of 45,000 births, feel warranted in placing the estimates as given above in Dr. Guernsey's paper on death-rates in childbed, under Homœopathic treatment pure and simple, as correct.

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GELS.—Sharp cutting pains from back down the hips; when *Kali Carb* failed."

*Viburnum prunifolium* is highly vaunted in cases of threatened abortion.

## HOMŒOPATHY.

BY W. C. DOANE, M.D. SYRACUSE, N. Y.

The State Central Society asks the question, "What is Homœopathy?" If we reply from the standpoint of reason, we say, that it is supposed to be a therapeutic law, worthy of investigation and trial by all interested in the medical profession; if we answer from the standpoint of the enthusiast and idealist, we agree with Dr. Wells, whose dictum that society has seized and adopted as the articles of their faith, and with him we must admit that Homœopathy is the discovery of a universal and unerring law, as certain and fixed as any that controls the elements, or holds the planets in their places. The former position has the merit of modesty, which is known to be the handmaid of wisdom, and can, to some extent be defended by an experience that accords with common-sense and human intelligence; the latter is simply the assertion of the bombast and the language of a Pharisee, and cannot be proven by any system of logic or induction, and is not, therefore, entitled to serious consideration by men of learning, for no system of medicine can in the nature of things be reduced to a certainty, like the science of astronomy, logic or geometry. We can only claim for our profession, that it is the science of experience, fortified by multiplied experiment.

In my judgement, we have sufficient evidence to warrant us in the belief that many diseases are removed when drugs are administered which, if taken by a person in health, would produce certain morbid conditions resembling the existing disease; I say morbid conditions, in contra-distinction to the host of symptoms gathered from the patient, which are as likely to be imaginary as real, and result as much from fancy as from medicine, for we all know that no two persons will give us the same account of their sensations and sufferings, even though they may be the subjects of the same identical disease in every particular, so far as we can determine; any system of medication that proposes to use drugs which in their minute details resemble the endless phases of diseased action, lays down a proposition utterly repugnant to common sense, for the finite is expected to meet a demand only comprehended by the infinite, and any man who would be ready to avow that he understands the compli-



cations of disease and can interpret its mysterious development, so that he could apply the the most attenuated atom to a remote organ passing through the complicated mechanism of the human body, which in itself is the epitome of the universe, would be declared by all men of thought, either a knave or a fool. Homœopathy, as I understand it, is a system of medicine and not magic, and it has already done much, and is destined to accomplish still more, for mankind; it is yet in its infancy; and, inasmuch as medicine is the result of experience, it is an unreasonable adventure for so young a child to push aside the accumulated proofs of past ages, for the trials of a day. Homœopathy has done a good work, and has wrought important changes in the healing art, and is entitled to unmeasured praise; for, in my opinion, it has played an important part in revolutionizing, to a very considerable degree, the therapeutics of medicine, and has demonstrated to the profession the fact, that the curative effects of a drug can be obtained by doses so small as not to impair health or endanger life; this fact has been established by those who have used the low attenuations containing drugs in appreciable doses; and those who have adhered to the high dilutions are entitled to some credit, for they have demonstrated that the doctrine of the fathers was correct, and that a large proportion of the sick would recover without any medication,—in other words, would get well if not interfered with.

Homœopathy has merit as a principle, and deserves study, but its materia medica is in many respects only entitled to the condemnation of scholars and philosophers. For example, the voluminous compilation of Professor Allen, which must have been made by machinery, is entirely impracticable, and calculated to mislead the unwary. For every one knows that if all the homœopathic physicians on earth could have lived and commenced experimenting upon the morning of creation, and continued actively at work to this moment, they could not have proven one-half of the symptoms attributed to the various drugs therein contained.

We often hear men who have only had a limited experience speak of the wonderful, exact, marvelous and minute effects of drugs, with the greatest apparent confidence and flip-

pancy. They tell us about certain fingers, or even portions of them, being effected by a certain remedy, at certain times, and at stated periods, after doing certain things, or they refer to a certain freak, whim caprice or fancy, that went flitting through the brain, and, infatuated with the idea that they have found a "key-note," they set the spiritualized atom at work to search out and remedy the existing malady, which it *does* to the gratification and astonishment of all except the *doctor* who despatched the pellet upon its glorious mission, because he was familiar with its most subtle and hidden power, and had plunged into the deep mysteries of creative wisdom. With such foolish jargon the profession is loaded down, and its burdens must be removed, or it will eventually be buried so deep beneath the popular judgment as to defy all possibility of resurrection, and whatever good it has accomplished will be lost forever.

To prove a drug, as is claimed by the new school, upon the healthy organism, and demonstrate its exact nature and action, implies much more labor, and the whole thing is involved in far greater uncertainty than many suppose.

The evidence we have upon this point is so diffusive, profuse and contradictory, that the whole system of drug proving is not only doubted by many, but is to-day, with all the boasting of learned authors and *unlearned* doctors, a mooted question in the scientific world and still remains to be demonstrated.

Some excellent witnesses swear to altogether too much, and thus damage their testimony. Our therapeutics has demanded as its due too much, and, in fact, more than men or angels can contribute or comprehend.

Let us look for a moment at the difficulties which stand in the way of obtaining the effects of drugs, as claimed by the homœopathic school, and when we have finished the task, I am sure that we will be satisfied if we can obtain some *general* idea of medicine, and will be ready to set aside the nonsense of "key-notes," "special indications," "peculiar sensations," and act upon facts that cannot be disputed.

To give one or more persons a drug, and register all their peculiar fancies and ideas, does not furnish any reliable evidence of the real effects of the drug,—evidence upon which a man is warranted to act who holds in his hands the responsibility of human life.

If the system of proving drugs is true, it is too plain for comment or controversy that in order to arrive at correct conclusions the drug must be tested upon persons having in all respects the same physical and mental qualities; and even then the proceeding is attended with doubt and difficulty, because the same agent does not always produce the same effect, upon the same person, for reasons entirely unknown to the most learned among men; for example, one may take a narcotic, to ascertain its medicinal effects, and every time he repeats the experiment a new train of symptoms may be developed, and in this way the experimenter may be led into fatal error; then again, no two persons can be found so exactly alike that they can afford us proper evidence concerning the minute effects of a drug; then, too, we all know that the same drug, in the same quantity, will produce entirely different effects upon different individuals nor does the difficulty end here, for the smell of a rose will develop disease in some cases, while most of persons delight in the delicious odors; music to some is painful, to others it is exquisite joy,—it seems like “footfalls of thought in the halls of the soul”; some exposed to the air and sunshine, shake with ague, others revel there with delight; some sleep under the operation of opium, others become raving maniacs; such instances could be multiplied without limit, and under these circumstances we are forced to admit that what we can learn of the effects of drugs must be involved in great doubt and uncertainty, and the most we have a right to claim for any system of medication, is some general ideas of the action of certain agents, obtained by multiplied experiments and pathological evidences; when we claim that we are familiar with the ultimate and particular action of drugs, we only assert that which is impossible and untrue, and entitles us to a place in the front ranks among the mountebanks who impose upon the credulity of mankind.

While I am willing to admit that experiments upon the healthy have been productive of much good, I am not ready to deny the fact that the weight of testimony is still in favor of those who have arrived at conclusions by repeated trials upon the sick, and I would urge that both, and all means of knowledge be embraced to aid men engaged in the healing art, for

all bear evidence of thought, and are freighted with the invaluable testimony of experience.

Homœopathy is a system of therapeutics, and here, as in other schools, the physician is expected to select his drugs and determine its quality, according to the necessities of the case before him; the heresy of high attenuations should have no place in our creed, nor home in our school, if we desire to advance and expand its influence, and secure for it public regard and confidence, because it can not be demonstrated by any known method that either medicinal power or presence exists in the exalted attenuations, any more than it can be shown that intelligent beings descend to the earth in rain-drops.

Homœopathy being a system of rational therapeutics, based upon possible conclusions, can take no part in the false and foolish doctrine of the potentization of drugs; this delusion belongs exclusively to the province of the magician, who can produce the most astounding changes in material things by the mention of peculiar words, or the direction of his mysterious wand.

The idea that a given substance can be indefinitely diluted and its power indefinitely increased by agitation, would have astonished the inhabitants of Earth in the darkest and most superstitious ages of ancient Egypt.

The men who can believe such an incredible wonder should not deride those who exposed the sick in public places, or treated disease by amulets, incantations, or charms; nor should they point the finger of scorn at the good old men who rubbed black cats over the stomachs of those who were tormented with the colic.

If medicine becomes more active and efficient by diluting and shaking it, the same rule should apply to food, which under similar circumstances, should become more nutritious. The principle has been tested upon milk and found to be a failure, and it is now an undisputed fact that milk cannot be improved by dilution and shaking.

When human wants can be met by such a system of magic—when wine can be changed to the absolute blood of Calvary's victim—when bread can be transformed into the real body of Him who hung upon the cross—when the philosopher's stone shall have been found—when the laws of gravitation shall have been superseded

by Yankee invention and genius—when the transmutation of metals can be effected—when the finite can grasp the infinite—when flourish has more potency than logic—when brass takes the place of brains—when man shall have achieved the creative ability of a God—then, and not till then, can he, by either magic or muscle, impart active life to inert substances; then, and not till then, can he diffuse power throughout inanimate nature; then, and not till then, will the logic of the world allow spiritualized drugs a place in medical science.

Homœopathy grandly shakes the dust from her garments, and modestly stands forth as a general system of medicine, based upon rational conclusions, common sense and the history of all past experience; she begs to be liberated from arrogance and error, and solicits the scrutiny of the student, and the aid of the philosopher, and in this way only can she benefit and bless mankind.

#### LACHESIS AND LYCOPODIUM IN DISEASES OF THE THROAT.

BY A. M. PIERSONS, M.D.

In our societies and often in our journals occur these expressions. "Gave lachesis because throat was most sore on the left side," or "gave *lycopodium*, because throat was worst on right side." Now I have sufficient charity for all my colleagues to believe they do no such thing. It is simply a careless or a short-hand way of speaking or writing. The *Materia Medica* says:—"Throat begins to be sore on left side, *Lachesis*." "Throat begins to be sore on right side *Lycopodium*." If it be a fact that some physicians do so carelessly read the *Materia Medica* that they cannot tell the difference between the beginning and ending of a drug effect it is possible that these same practitioners may offer some explanation of the incurability (?) of diphtheria. I have now in mind a Homœopathist who, not two years since, declared it to be his belief that no case of genuine diphtheria was ever yet cured by anybody. That cases reported as diphtheria were simply something else, and the diagnostician did not know diphtheria from tonsillitis. If we are to be guided by the general or perhaps objective symptoms in prescribing either of the above remedies we shall as often go wrong as right. Homœopathic remedies, as

I have found them, will not bear such careless handling. In cases of sore throat where it is difficult to determine on which side the soreness first began, as for instance, in cases of nearly all very young children, it would make a sure thing of it to alternate the two remedies in question. The formula would then read, "If the throat does not first get sore on one side it must on the other; hence, mix the medicines, and if one does not cure the other will." Some physicians—and I am of this number—are a little fussy and will not be satisfied until they think they know the how, the why, and the medicine which did it.

Fortunately for Homœopathy, the choice of a remedy rarely depends upon one symptom. No one values the key-notes more than I do. We all prescribe by them. The single leading symptom is the central diamond around which all the others must cluster. We may be too busy to study the provings, and for the moment our memory may have failed, but having recognized some one leading symptom and *knowing* that its counterpart exists in the pathogenesis of some one drug, we may rapidly prescribe it; for, as in the disease, the minor symptoms harmonize with the major, so in the drug effect we have a great variety of symptoms apparently unlike, yet similar, because produced by the same one cause. Hence, whenever we wish we can go beyond the single symptom of the starting point in all throat affections, and in our provings of *Lachesis* and *Lycopodium* find symptoms enough to satisfy the most voracious.

Not unfrequently, a patient who yesterday felt a slight pricking pain in left side of throat, to-day presents a large inflamed right tonsil, and *vice versa*. Now, were we to prescribe by the objective symptom—because the right tonsil is largest—we should as often prescribe wrong as right. In infants, and very small children, we can get no negative nor affirmative to our inquiries. Still we need not err nor despair. Give such a patient a cup of very warm beef-tea, and later follow it with some cold milk and mark the different effects. In all *Lachesis* cases the hot beef-tea will cause very great suffering, while the cold milk will be soothing. In the *Lycopodium* cases exactly the opposite effect is produced. I do not forget that Hering-*Materia Medica*, *Lyc.* 13, has "worse from warm drinks." Also, *Allens Mat. Med. Lyc.* 990 has,

"if the soup is very warm he is unable to swallow it." But Lippes Mat. Med. 275, *Lyc.*—has, "aggravation from cold drinks."

The aggravation from cold drinks in throat diseases, when the other symptoms have called for *Lyc.* I have verified in several hundred cases. Some two years since I called the attention of my esteemed friend, Dr. R. H. Bedell, a most careful symptomatologist, to this very point. He now assures me that cold drinks, particularly milk, aggravate in all cases where *Lycopodium* is indicated and curative; and hot drinks where *Lachesis* is curative. It will pay if others will verify one or the other condition.

Not unfrequently does it happen that patients, grown far out of childhood, will give the wrong answer when asked, "on which side the throat first felt sore." The fact that now the right side is so painful makes them forget that yesterday, or even the day before, the pain did really begin on the left side. Hence the importance of obtaining other symptoms which may or may not prove the accuracy of the statement of the patient.

I have just cured a patient of severe tonsilitis where for two days no *Lycopodium* symptoms were observed. I thought I had a clear case for *Phytolacca*, dec. But after twenty-four hours' trial, she was growing worse. Aggravation from cold drinks was now, for the first time, a symptom. There were no other *Lycopodium* symptoms as I could discover. Gave *Lyc.* every hour in water—one teaspoonful for a dose. She felt every dose; and was well the next day. Possibly Nature cured her. *Phytolacca* did not; and this with *Lyc.* were the only remedies given. But the *Lycopodium* was given in the cm potency.

I did not intend to touch upon the potency subject, but as it is growing to be the custom for each one to give the supposed degree of his pet potency I may as well fall into line. A very extensive experience in the cure of acute throat diseases compels me, in justice to myself, to state that so far as the remedies in question are concerned the lower potencies do tolerably well in very mild cases—such as will get well by the *vis medicatrix nature*. But in the worst cases of diphtheria—the malignant anginas—the very high potencies are alone successful. I prefer to repeat the chosen remedy every hour in water so long as any of the membrane remains visible.

Potentized drugs do not "eat off the membrane," as some doctors claim is done by crude drugs, but constitutionally cure the cause just in proportion as they are chosen in accordance with the law of *similia similibus curantur*. What the cause of diphtheria is we may all have an opinion—all different opinions—and all know nothing about it. The Homœopathically chosen remedy is the best and most successful searcher of that cause. It will find the fountain head of disease and cleanse (cure) it too. I do not wish to decry pathology nor underestimate the value of etiology. But they should mostly be left to the specialists. The average practitioner has to deal with the cure rather than with the cause of diphtheria. After a child has been stricken with diphtheria, even were the cause positively known, the removal of it, were it possible, would go but little way toward curing the patient. There is hardly a tyro in medicine who cannot give, to his clients at least, a dissertation on the Etiology of Diphtheria, which would bother an older and wiser head to refute. Ignorant people may demand the cause of a disease and be fully satisfied with the incorrect, unintelligible answer so often given. But what the intelligent community want to know is: what will cure? what will save the lives of their children? and intelligent answers alone will satisfy. The indications given below have been all that I have found necessary in the choice of one or the other remedy in question. Neither *Lachesis* nor *Lycopodium*, prescribed on these symptoms has ever failed me in my own practice. Nor can it be said that my diphtheria patients get well on alcoholic stimulants, for I never allow and dare not give a drop of it. Beef tea and milk in alternation are my sole reliance, for they stimulate and nourish at the same time. In two cases of diphtheria abandoned to die by the attending physicians, their lives were saved by *Lyc.* 6<sup>m</sup> prescribed by symptom 3 (below) alone. No doubt all the other *Lycopodium* symptoms existed, but the patients were too low for me to obtain intelligent answers.

For the last three or more years, however, I have uniformly given and preferred the c. m. fluxions potency, Fincke. Some, perhaps, will doubt the cures or will attribute them to other causes. To such I will state:

First. The most marked effects were observed



where the disease developed the most violent and unmistakable symptoms.

Second. When by carelessness on my part in collecting symptoms, and *Lachesis* was given where *Lycopodium* was required—the nourishment remaining unchanged—no improvement was made, the patient growing worse. But when *Lycopodium* was at last discovered to be the remedy, improvement began with the administration of the medicine.

Third. It being true that these two remedies have uniformly cured several hundred cases of throat diseases—good, bad, and indifferent, will not some one, who really (?) believes I have given no medicinal force, undertake to cure the next five hundred consecutive throat cases, which fall to him, with nourishment and placebo and report the results, giving duration of disease and sequelæ, if any?

The symptoms here enumerated are arranged and numbered according to their frequency, but all are of vital importance.

#### LACHESIS.

1. Pain and soreness begin on left side of the throat.
2. Aggravation by hot drinks and liquids pain more than solids while swallowing.
3. Excessive tenderness of the throat to external pressure.
4. Spitting large quantities of ropy mucus.
5. Puts the trembling tongue out with great difficulty.

#### LYCOPODIUM.

1. Pain and soreness begin on right side of throat.
2. Aggravation by cold drinks—except water in some cases.
2. Tongue distended, giving patient a silly expression.
4. The ichorous discharge from nose in scarlet fever and diphtheria begins in right il.
5. Tongue is darted out and oscillates to and fro.

### Clinic.

#### SURGICAL CLINIC OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

BY PROF. WM. TOD HELMUTH, M.D.  
(Reported by C. A. Leal, M. S.)

**SACRO-ILIAC DISEASE**—The first case I shall

show you to-day is kindly brought here by Dr. Burdick. I have not seen it, but, from what I hear, it must be interesting on account of its rarity rather than its severity.—The patient, Lizzie P—, aged 10, while playing on one of streets that are being newly paved, fell from a heap of stones two or three feet high, and struck on the crest of the right ilium. There is now, I find on examination, some swelling and considerable pain. The leg of the affected side is longer than the other, there being a difference of an inch. This might lead us to suppose the trouble is in the hip but when I take two pieces of tape and place one in the median line of the abdomen when she lies on her back, and the other piece from spine to spine of the ilia, not only do they not cross at right angles, but show that the right spine is the lowest; a measurement also of the leg shows the right one to be actually longer than the left. She has some pain on pressure, and also when the foot is struck with the leg extended, also when the leg is forcibly flexed; the pain constantly being referred to the back of the ilium of the right side. The movements of the leg, however, as you see, are free and smooth. You know from your lectures on anatomy that the ossa innominata articulate anteriorly with each other at the symphysis pubis, but posteriorly are separated by the sacrum, with which they articulate. The sacrum is wedge shaped, rendering this articulation very strong to withstand the pressure brought to bear on the parts by the various movements of the body. This sacro iliac articulation or synchondrosis is also made particularly strong by the arrangement of the ligaments. The faces of the articulating surfaces are nearly perpendicular, slightly approaching each other at the bottom. This, as I have said, would tend to separate the bones, because of the sacrum acting as a wedge; but the ligamental fibres are so placed—the anterior passing downward and inward from the ilium to the sacrum—that the very pressure upon the sacrum only binds the bones more tightly together. The fibres of the posterior part pass in all directions, and so serve strengthen the whole.

Now the effect of this fall was to bruise this articulation on the right side, probably by striking on the crest of ilium, which—the bone acting as a lever—injured the whole lower part of the articulation.

The affection is known as sacro-iliac disease,

and the symptoms vary somewhat. There is lameness, and pain on pressure at the sacro-iliac synchondrosis. The limp gradually increases, and shows but little alteration either in the morning or in the evening. If direct pressure is made on the great trochanter, pain, of more or less increased nature, is experienced, which is also aggravated by striking the sole of the foot while the leg is extended. It is not necessary, however, that the pain should be confined to the affected part, for, in the most extreme case that came under my observation, most of the suffering was referred to the knee. Another point which makes the diagnosis often difficult is the flexion of the limb, which therein simulates morbus coxarius. Dr. Sayre believes the disease to be essentially traumatic, and says, with reference to examination for diagnosis, that when the wings of the ilia are held firm,

and then an examination of the hip is made, no pain is experienced. In hip disease the different rotary motions with abduction or adduction give pain; in sacro-iliac disease these motions do not; while pressing the ilia together against the sacrum, and making pressure along the sacro-iliac synchondrosis, always gives rise to suffering. Again he says: "In sacro-iliac disease, the lengthening of the limb is absolute, while in hip-joint disease it is only apparent."

Abscesses, both *intra-* and *extra-pelvic*, are found in the advanced stages of the disease, in which case there may be flexion of the thigh, which will add also to the difficulty of diagnosis.

To make the diagnosis more apparent, we may arrange the differential diagnosis as follows:

#### SACRO-ILIAC DISEASE.

Pain *behind* hip-joint, or may be referred to knee or thigh.

No flexion of thigh, or, if it appears, it comes after the formation of intra-pelvic abscess.

No lordosis.

Motion of hip-joint *smooth, free, and painless*.

Pelvis does not move with thigh.

No pain on pressure, either below Ponpart's ligament, in front or behind the trochanter.

Pressure on ilium, at right angles to body, or attempted rotation of this bone, causes pain.

Tenderness over joint.

No sudden pain at night.

No shortening.

Intra-pelvic abscess may come early.

Locomotion more painful.

Attitude different, body thrown to sound side.

#### HIP-JOINT DISEASE.

Pain in the joint, or in the knee.

Flexion of thigh early, without abscess.

Early lordosis.

Limited and painful motion.

Pelvis moves with thigh.

The reverse of symptoms above mentioned.

No pain on pressing ilia.

No tenderness over joint.

Sudden attacks of pain at night.

In advanced hip disease, always shortening.

Intra-pelvic abscesses come late.

Not so painful.

Thigh flexed and pelvis twisted.

In the treatment of this affection a good deal may be accomplished with medication, but the essential requisite is *rest*. There must be immobility of the joint. This may be effected by a well-fitting wire cuirass, a plaster bandage, or perfect rest in bed. Dr. Sayre recommends the patient to use crutches, and to wear on the sound side a shoe with the sole of sufficient thickness to allow the affected limb to swing clear—thus making extension and counter extension.

I shall order a body-bandage to be put upon the patient, and she must be kept quiet until she recovers.

#### SCIRRHUS OF THE MALE BREAST.

We have now, gentlemen, a case that will be of especial interest to us, having just finished in our lectures the consideration of malignant tumors. This patient, aged 38, has come all the way from —, to see if he can find relief in this city.

The patient said that in the summer of 1869, after pressure from a suspender buckle, he noticed two very tender spots in the supra-mammary region of the left side. They soon disappeared, leaving a concave, yellowish-brown spot.

Six years after, in the summer, a tumor appeared that grew very rapidly to the size of a hazel nut, was of a dark purple color, very sensitive and tender to the touch. Under Conium, in 3-4 months, it diminished to the size of a pea. The tumor remained in this condition, flat, with slightly oval base, until the summer of 1877, when it grew very rapidly, until in December it reached the size of an orange. The growth was very vascular, and there was some oozing of blood, which the patient thought was owing to having been struck accidentally on the part.

The last of December, 1877, the tumor was extirpated by a surgeon, who pronounced it an encephaloid.

Six days after the operation the patient was able to travel, and left for home. The wound granulated very rapidly. On the way he felt extreme coldness in the part.

One portion of the wound, near the clavicle, has suppurated ever since.

In June, 1878, another tumor appeared on the inside of the old cicatrix, and soon after was followed by one on the other side. In August lymphatic enlargement was first noticed, and in October the last portion began to suppurate. There has been no hæmorrhage of any account from the tumor at any time. He has had some burning and lancinating pains, but *Arsenicum* relieved them.

The patient has been a great smoker ever since 15 years of age.

Upon examination, you see that the tumor now is the size of an orange in the larger and external portion, and has a very offensive odor; that there is a second one above, and a third one to the left of the larger one.

Now, gentlemen, you will remember what I have told you regarding malignant growths.

The scirrhus—a hard tumor—is found most commonly in the female breast, although the male may be affected. It may appear from the time of puberty, but generally is found in middle life. The scirrhus has a very dense fibrous matrix, in which are found oval, caudate and spindle-shaped cells. The tendency is to draw every tissue surrounding the tumor into this matrix.

A scirrhus may exist for years in a latent condition, or it may develop to a certain point and then suddenly cease in this development,

and almost disappear, forming a so-called withered scirrhus. The size varies from that of a pea to an orange; it is never large, and has no blood vessels. In these respects it differs materially from an encephaloid, which grows much larger and is very vascular. The scirrhus is hard and nodulated, while the medullary or encephaloid is soft, not uniformly, but in spots, and bleeds easily.

#### SURGICAL CLINICS OF PROF. CHAS. M. THOMAS, M.D.

HAHNEMANN MEDICAL COLLEGE, PHILA.

(Reported by Clarence Bartlett.)

The first case which I desire to present to you this morning, is that of a gentleman 55 years of age, with an enlargement or tumefaction within the left scrotal walls. The tumor you observe is as large as an ordinary sized cocoa-nut, but ovoid in shape, the largest end being the most dependent. He tells us that he has carried this mass for about six months in its present size, but that it has been gradually growing for the past two years. It causes him but little annoyance outside of the dragging produced by its weight, and the difficulty of concealing so large a mass inside his pantaloons. Occasionally, however, he has within the past few weeks a dull, aching pain in the parts and up the groin, particularly after having been for some time on his feet. He has never known it to disappear or grow smaller at any time.

On palpation, I find that the integuments move freely over its surface, which is smooth and uniform.

Pressure shows it to be rather hard or tense, but at the same time revealing a certain amount of elasticity.

These manipulations cause the patient no pain until we reach the posterior surface, when he tells us that it feels as though his testicle had been squeezed.

These symptoms are sufficient to cause me to suspect the presence of what we call a hydrocele which you are to understand as a collection of clear fluid in the tunica vaginalis testis—the serous sac surrounding the body of the testicle. This suspicion is confirmed by a demonstration of its translucency, which is accomplished by holding the tumor between the eye and a bright light, as is done in testing eggs.

Although we have had no difficulty in decid-

ing as to the nature of the case before us, I beg you to remember that the diagnosis of scrotal tumors is not always so simple a matter. Indeed this very trouble (perhaps of all others the most readily made out), has been so frequently mistaken that I shall take this opportunity of placing before you some of the more important distinguishing features of these tumors.

A condition which might very readily be mistaken for hydrocele, consists in an extravasation of blood, instead of serum, into the vaginal tunic, this being known as *hæmatocele*. You will, however, generally find that it has come suddenly after a bruising of the parts; while hydrocele is of slow growth and is rarely to be traced to an injury. In *hæmatocele*, too, the tumor is heavier, not so elastic, and gives no translucency with the light-test.

An *inguinal hernia*, after it has passed into the scrotum, may present a tumor very similar in general appearance to hydrocele; but it will usually have been noticed to appear first at the upper part of the scrotum, growing thence gradually downward; while a hydrocele of the tunic will have first been observed at the bottom of the scrotum. The hernia, if it be a reducible one, recedes into the abdomen, if the patient lies down, or at least can be replaced by manipulation; the hydrocele is not so affected. Hernia has not the elastic feel, or fluctuation, possessed by the hydrocele. The swelling of a hernia can be traced up along the inguinal canal; but the enlargement of a hydrocele stops short at the external ring, except in rare cases where the inguinal canal is still open. If the patient be directed to cough while the tumor is palpated, a more or less distinct succussion will be felt by the hand, if the enlargement be formed by any of the abdominal contents; not so in hydrocele. Percussion will sometimes reveal resonance in the tumor, if intestine be present; this can never be the case in hydrocele. Finally the light-test can show no translucency in hernia.

In *solid inflammatory swellings of the body of the testis*, we will find that the shape is not ovoid or pyriform as in hydrocele, but flattened from side to side; it will be heavier in proportion to its size than hydrocele; there will be a greater hardness; more or less pain attending the growth; no fluctuation and no translucency, unless there be an accompanying transudation of serum into the tunic, as not infrequently

occurs with orchitis—and even here the use of the exploring needle would clear up all doubt.

*Malignant and tubercular diseases* of the testis sometimes present an elasticity, or indistinct sense of fluctuation, similar to hydrocele; but their rapid growth, tendency to irregularities of surface, enlargement of neighboring lymphatic glands, and general cachexia, will usually leave no doubt as to their nature.

### TRANSVERSE FRACTURE OF THE LIVER.

REPORTED BY RIAL N. DENISON, M. D.,  
House Surgeon, Homœopathic Hospital, Ward's Island,  
New York.

John Dwyer, longshoreman, aged 50; on May 10th, last, was working at pier 28, East River, removing baled hay from a vessel. One of the bales slipped and fell a distance of 12 feet, striking him on the right shoulder. The force of the blow drove him against the combing of the vessel, where he was held fast by the weight of the hay. An ambulance being called, he was first taken to the New York Hospital; afterwards he was removed to Bellevue, and finally brought to the Homœopathic Hospital.

On making physical examination, the 10th and 11th, ribs on the left side were found to be fractured, about four inches from their articulation with the vertebra. Right shoulder ecchy-mosed and exceedingly painful; but neither fracture nor dislocation could be detected. Right hypochondrium very tender, palpation causing the patient to howl with agony. Was unable to stand unaided. Breathing labored, and carried on with great difficulty, producing intense darting or stitching pains throughout the throat and abdomen. Had also persistent nausea and vomiting of a black, liquid, coffee-ground substance. This was soon followed by a diarrhœa, at first watery, dark and very offensive, but afterwards assuming a grayish color and clayey consistency. While at stool was attacked with tonic spasms, and became unconscious. The spasms were of short duration and continued throughout the succeeding night, after which they abated. A yellow tinge was imparted to the skin and conjunctiva, growing more marked after a few days.

After the second day, patient's breathing became more rapid and superficial. Cough soon followed, with expectoration of a visci, reddish-



colored sputum. On examining chest, evidences of pneumonia and pleurisy were found, the the pleurisy being more marked on the right side.

After the fourth day, the patient's general condition became much improved, his strength was returning, and to all appearances he was making a rapid recovery; but on the seventh day after the receipt of the injury, delirium set in, he sank gradually into a comatose condition, and died, after being in the hospital eight days.

An autopsy was held 12 hours after death, with the following results: Ante-mortem clots in all the cavities of the heart. Pleura slightly adherent on left side. On right side, universal adhesions, of recent origin. Lower lobes of both lungs showed all the evidences of pleuropneumonia. Liver greatly enlarged, weighing five and a half pounds; the lower part of the right lobe was completely separated from the rest of the organ, the detached portion weighing 11½ oz. The torn surfaces presented a ragged granular appearance, and were partially covered with clots of blood. The entire organ showed great congestion, yet the cut surface was pale, and of an opaque yellowish-gray color, breaking down easily under pressure. Omentum more or less congested, especially that portion in the immediate vicinity of the liver; the remainder was of a greenish, slatey color. The upper part of the right kidney presented a bruised appearance; the rest of the organ was somewhat congested. The peritoneal cavity contained a quantity of blood and blood clots, weighing 4 lbs. 2 oz.

#### CLINICAL CASE—RETROFLEXION DURING PREGNANCY.

GEO. E. TYTLER, M.D., NEW YORK.

I was called late in the evening of April 25th, 1878, to see Mrs. E., æt. 40, whom I found suffering most intensely from retention of urine, she saying that during the preceding three days she had positively "not passed more than five or six drops at any one time." Upon further questioning I ascertained that she was somewhat more than three months advanced in pregnancy, and that, two months previous to my visit, she had suffered from what was diagnosed as prolapsus uteri, supposed to have been brought on by straining in lifting, and since that time had not "felt right," but had been troubled with feeling

of lassitude, weight in the pelvis, and difficult defecation, although until lately had not suffered much from retention or dysuria.

Upon making vaginal examination, I found the os to be situated very high and crowding against the anterior portion or wall of the vagina; although the axis of the cervix did not point in its normal direction but somewhat anteriorly, yet not as much so as it would in retroversion, and a large mass quite filled the hollow of the sacrum.

Tracing the posterior surface of cervix from the os backward, I found a decided flexure in the walls at the junction of cervix and body. The abdomen was very much distended in the hypogastric region, but the swelling did not present the shape or feeling of a pregnant uterus, being instead rather fluctuating.

I diagnosed retroflexion, and as the most urgent symptom was the retention, I proceeded to use the catheter, obtaining over three quarts of urine, its evacuation giving her immediately the greatest relief. The abdominal swelling completely disappeared, leaving rather a depression instead of the enlargement that we might expect at that period of pregnancy.

The patient said that she had had free alvine evacuation during the day from citrate of magnesia which she had taken; and as, in vaginal examination, I had not noticed presence of fecal matter in rectum, I decided not to wait longer before attempting to replace the uterus and contents. I accordingly introduced my hand into the vagina below and behind the fundus, pressing upward and forward, repeatedly using all the force that I deemed prudent, but could not succeed in causing the uterus to pass the promontory of the sacrum, although I tried it with the patient at first on her back and afterward on her knees and face. I then told her that I should be obliged to wait until morning, assuring her that she was out of all immediate danger; and having placed her in Sims' position, told her to lie so through the night, and had the foot of the bedstead raised about five inches.

Next day, at 11 A. M., I visited her, used the catheter, and afterward, with the patient on her back, introduced my hand in the vagina and succeeded in lifting the uterus above the sacrum, causing quite a clicking noise as it suddenly passed the promontory.

Although the uterus was now replaced, I feared that the force which had been necessary, would cause abortion to ensue. Left *Arnica*<sup>1</sup>, to be taken every two hours.

April 27th, I found the patient feeling very comfortable; she had urinated freely several times; pulse and temperature normal; no great amount of tenderness in hypogastric region, but had had slight flow of blood from vagina, although it had ceased previously to my visit.

From this time she continued to improve—in fact so much so, that although contrary to orders, she sat up and even walked around some upon the fifth day after replacement; but I did not have much fear of evil result therefrom, reasoning that as the uterus was pushed in place with so great difficulty, it could not easily slip back; and therefore allowed her to remain up from that time.

Upon Oct. 17th, 1878, I was called early in the morning to the same person, when she was speedily delivered of a male child, 10 lbs. weight. During the lying-in, the patient had no unfavorable symptoms, although, on account of the previous displacement, I did not allow her to get up as soon as I otherwise should. She has since neither shown nor felt any signs of displacement. The case is not reported as a rare one, but merely as tending to show that posture will frequently facilitate replacement where it cannot at first be effected.

#### INVETERATE CASE OF CHRONIC ABSCESS SUCCESSFULLY TREATED WITH THE ELASTIC LIGATURE.

BY PROF. C. H. VON TAGEN, M.D., OF CHICAGO, ILL.

Was called in consultation by Drs. Pardee, of South Norwalk, Conn., late in August, 1878, to see Mrs. S., aged forty-seven, of nervo-phlegmatic temperament, whom I found suffering from the ill effects of a *chronic abscess*, which, judging from its condition at this time, must have been of very large proportions. The location of the abscess was immediately over the epigastric region, the remnants occupying nearly two-thirds of the locality named.

The following is the history of the case, prior to the time the writer was called, as given by Dr. Emily Pardee:—Seventeen months ago, the patient fell over the edge of a wash bench. Did not suffer much at the time. Within a

year she has evinced a disposition to bend forward, with dull, heavy, aching pains, and tumefaction of the injured part. She called me on two different occasions during the winter of '77 and '78, and I expressed to her my fears of an internal abscess.

In March, '78, she went to New York, and fell from a street car, while in motion, and sustained severe external injuries. A New York physician examined, and pronounced the case one of cancer. On her return from New York, I was summoned again, in April, and ordered hot poultices to be applied, from the effects of which the abscess broke in several places, and discharged over a quart; the swelling diminished. After this, she manifested some malarial complications.

On arriving at her residence, the writer found her in the following condition:—Was suffering very much, and had been ever since the abscess commenced its formation. Was very nervous, unstrung, and trembled. Had some fever, and general system was considerably disturbed from prolonged pain, loss of rest and sleep, and impaired appetite; tongue was coated white, and secretions pasty. Countenance pale, and denoted suffering; could hardly bear any manipulation of the affected parts, which were much infiltrated, swollen, red and sensitive.

Several sinuses, with prominent surroundings, were present, the longest of which was some ten inches in length, being in the transverse direction, also deep down, the walls being very dense and tumefied. Another sinus led upward, at a right angle with the right terminus of the transverse one, was also deep, and three to four inches in length. Still a third, near the left termination of the first-named; this one taking a somewhat oblique course upwards and outwards, being about two and a half inches in extent.

At all the points enumerated there was a watery, icherous discharge, that kept up a constant irritation around the places of escape, and adjacent parts. The dense condition of the affected structures were such as to cause the patient to bend forward to a considerable degree, thus serving to contract the chest, also to impair respiration. The sinuses were all explored, and found to be lined throughout with a dense pus-secreting, pyogenic membrane.

The symptoms indicating *SILICIA*, this was given four times daily, with a beneficial effect. The writer made a free incision at the right side of the long sinus, to evacuate some pent up pus. A seton composed of lamp wick, coated over with carbolated vasoline,—five thicknesses of the ordinary strand,—was introduced by means of a long seton needle through the transverse sinus, and then secured. This was ordered to be pulled to and fro, once or twice daily, being changed twice per week. In addition, the sinuous tracts were injected thoroughly twice a week, with a solution of argent nit. gr. xx. to aqua f̄i. This was done for the purpose of hastening the absorption of the dense lining membranes. This object was accomplished in the course of three weeks, and the solution was diluted as the pus secreting surfaces yielded, when the elastic or rubber ligature was substituted for the lamp-wick seton. This was put upon the tension, as much as it would bear, and allowed to cut its way, which it did gradually, through outer wall. *Hepar sulph.* 30th was given, as the discharge changed from its acrid and watery appearance to a more laudable condition, which was about one week after the *silicia* had been given.

Steadily and surely the ligature cut its way through a dense wall, often inches in length, and in thickness varying from one to three inches. The parts healed kindly, and resumed their normal condition after a three months' course of treatment.

This case is but one of a considerable number of its kind that has been treated successfully in this manner by the writer, but this one is the most extensive he has ever known to be cut through by this method. There appeared to be only one other practicable process for restoring the parts; viz., a free use of the knife and the use of caustic applications. This last-named would have been rather heroic, not to say a ghastly operation. The ligature as used is the more conservative and quite as effective process. It is, therefore, the more commendable method. The writer desires to state, in conclusion, that he has under consideration another case of extensive sinus, in Chicago, of twenty-seven years standing, and which he has explored some twenty-six inches. There is but one opening, which is located midway between the anterior, superior, spinous process of the right ilium and

the corresponding groin. The upper terminus appears to be near the middle of the inner border of the right scapula, and is more or less tortuous throughout its course. This condition is one of several grave results, of a long-delayed diagnosis of lumbar abscess, which the history unquestionably points to.

The case was treated for a long time as one of dorsal rheumatism, which if it had been early and correctly recognized, and a proper and prompt treatment had been administered, would, no doubt, have saved the victim many years of suffering.

### COCULUS.

BY G. B. DURRIE, M.D., NEW YORK.

Miss C., of Western Pennsylvania, has suffered since childhood with *sea sickness*, whenever riding in a railway car. Had never made a journey without being prostrated from the commencement of her travels to the end. Coming to New York this summer, she was affected as usual, and her aunt who accompanied her, and whom I had treated some time before for neuralgic headache, brought her to me, to know if Homœopathy could do anything to relieve such a condition; she had tried almost everything else *without* relief. I prescribed *Cocculus* 30, with directions to take two doses a day, for three days previous to her starting for home, and to take it every hour, if necessary, while in the train; I also made her promise to report to me the result, for I felt some curiosity to know it. Day before yesterday I received a letter from her, saying she was delighted; that she had had no occasion for taking the remedy *en route*, and had made the entire journey without discomfort. So much for *Cocculus* 30.

*Peruvian Balsam.*—The Balsam of Peru is used by nearly all physicians in indolent ulcerations and Dr. Wiss in the *Deutsche Zeitscher* uses it with the most beneficial results in severe forms of chronic bronchial catarrh. The following is the formula:

R	
Bals. Peru,	℥ ss
Mucil Acac.,	3j
Vitell. ovi unius.	
Aq. Dest.,	℥ viii

M.

A tablespoon at a dose.

## The Homœopathic Times.

A MONTHLY JOURNAL  
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Editors:

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

### PROSPECTIVE.

The success of the Retrospect of Homœopathic Literature has been such as to warrant its continuance, and Vol. vii, commencing, April, 1879, will contain the Second Vol. of the Retrospect, covering the literature of 1878, which we think will far surpass the first.

We have promises of contributions upon important topics for the regular pages of the Journal, which will greatly enhance its value; and it will continue to discuss the leading questions of the day in the same non-partisan and independent manner which has characterized its previous course.

The Journal will continue *Independent*—its management remaining as before—and be issued in two separately-paged volumes, as at present, containing nearly 500 pp. of valuable matter.

In order to place it in the hands of a greater number—to clubs of ten, with \$20 paid in advance, it will be sent to the address of each subscriber, for the year ending March, 1880.

THREE MONTHS FREE!!

Upon receipt of \$3, at once, we will send the *Times*, from Jan., 1st 1879, to April, 1880, making three months free.

Will delinquents please favor us?

Short essays, clinical notes, medical news, Society reports, etc., concisely written, are solicited from every member of the profession.

### SEEN THROUGH OTHER EYES.

The *Medical Record* thus holds its mirror up to the New York County Homœopathic Medical Society. We trust some of the members will take a long look, and see how they like the picture. "At the recent annual meeting of the Homœopathic Medical Society of the County of New York, there was a fresh struggle between the liberals and exclusives. The occasion was a proposed amendment to the Constitution of their Society. The change sought was the removal of the clause which virtually binds its members to an exclusively Homœopathic practice, and declares to the world that such is the practice of its members. It being generally admitted, however, that the great majority do not confine themselves thus strictly, an effort was made by some of the more intelligent, and we may say honest members to, by public declaration, place the matter in its true light before the profession and the public. This effort was defeated. The present position of affairs therefore, seems to be that the Society in question contains two sorts of members; those who desire emancipation from the thralldom of dogma, and the acknowledged right to practice as their judgment dictates; and, second, those that practically do the same, but are not willing that the public should know it. The position of these gentlemen is too obvious to require lengthy comment. It is simply an example of the apparent dishonesty and fraud which we have perhaps too universally charged against Homœopaths in general. There is indeed a third class, very small in numbers, who apparently do believe that pure Homœopathy is all sufficient in the treatment of disease, and who confine themselves to it in practice; who would perhaps permit a patient to bleed to death while taking infinitesimal doses of Phosphorus, rather than apply styptics or other direct means for checking the hæmorrhage. These gentlemen, joined to their idols, we must relegate to the care of the psychologist."



## THE YELLOW FEVER COMMISSION.

The commission appointed by Surgeon General Woodward to investigate the cause and character of yellow fever and report to the "Public Health Association" at Richmond, has completed its work and made its report. It was hoped some valuable data would be presented, and the discussion would be worthy the importance of the subject, but "*mons parturit montes, nascitur mus.*" The only important point evolved from the mass of undigested facts was presented in the form of a recommendation of absolute non-intercourse with dangerous ports, as the only means of preventing the spread of the fever in the United States. Notwithstanding the applause with which the proposition was received by the learned association, it seems utterly absurd and entirely impracticable.

The commission appointed by President Wesselhoeft, of the American Institute of Homœopathy, presented a mass of well-digested facts from which interesting practical conclusions were drawn. The remarkable unanimity as to remedies for the first stage of the fever, shown in reports coming from various quarters of the great field, was an item of note. The remedies in this stage were few, not exceeding half a dozen, at the head of which is *Aconite*. So efficient were these remedies in this stage that physicians found no necessity for resorting to cold to reduce the temperature; on the contrary, this agent was thought positively dangerous.

In the treatment of the vomiting and hemorrhage of the second stage there was a like unanimity in all the reports. At the head of the list stands *Arsenicum*, then *Bryonia*, *Ipecac* and *Argentum nitricum*. The results under this treatment were highly favorable, the percentage of deaths being much less, as shown by positive statistics, than under the crude and indiscriminate drugging of the so-called "Regular School." With the former class of practitioners there seemed to be a guiding principle in

the selection of remedies, while the latter were entirely at sea.

A very able paper was presented by Dr. Falligant, of Savannah, on the cause and prevention of the fever.

In his paper, Dr. Falligant contends that yellow fever is of double origin, and that the two phases of the disease may be distinguished without the slightest trouble. The immediate malignity with which an imported or a matured yellow fever attacks the victims is, he says, a certain sign of its imported character. Of this phase the doctor does not speak at length, as he distinctly limits himself to the discussion of the inception of the indigenous form of the disease. He goes at once to the seat of the contagion, to the putrid pools, and stagnant drains, where refuse animal and vegetable matter is boiled under the heat of a torrid sun until an infectious poison is developed, which exhibits itself on the human body in the shape of yellow fever.

He illustrates the theory by a number of cases drawn from his own experience as a physician during the epidemics which have devastated Savannah, and shows that the disease, under certain conditions, can and will appear regardless of any communication with foreign ports. He then brings forward his plans for relief, which are sanitary in their nature. Through these he does not promise entire security from the attacks of the dread disease, but he does declare decisively that where the precautions prescribed are taken, a city like New Orleans need never have an epidemic from importation alone, and will positively never have the yellow fever of the indigenous kind.

The doctor advocates a discriminative quarantine. In considering this matter, he says it becomes a question of the utmost importance when a city should be quarantined in whose midst cases of yellow fever have occurred. Looking at this question from the standpoint of those who always want a thousand miles be-

tween themselves and the disease, we are apt to heap illimitable blame on the guardians of our welfare, who do not immediately cry out the dismal warning, yellow fever! But looking at it from another standpoint, the interruption of business of all kinds, the wholesale loss of employment, the hunger and desolation everywhere wrought by even necessary precautions against the spread of the infection, a wide discrimination should be made in the circumstances under which a city should suffer quarantine.

This discrimination should be used in regard to a city whose sanitary condition is good, where by some unfortunate circumstances an imported case of fever has occurred. The exercise of stringent precautions will stamp out the disease in such a locality before it can spread. Under these circumstances, the doctor declares he cannot endorse the indiscriminate infliction of quarantine upon a community thus only punctured, so to speak, with a few isolated cases of the disease. When, however, the disease has developed out of local uncleanness, or when an imported contagion lights up the ready kindlings of sanitary negligence, quarantine cannot be too rigidly enforced.

Dr. Dake very clearly expresses the sentiments of the commission when he says:—

“Our investigations have led us to regard the disease as not always imported. We believe that the germs were originally imported, but that they have found a congenial soil, so to speak, in some parts of our country, and that we may have an epidemic in New Orleans, for example, without a fresh importation. We believe that, under certain circumstances of temperature, moisture, stillness and adulteration of atmosphere, the latent germs may be brought into activity in New Orleans, and perhaps at other points on our Southern coast.

A national quarantine against all tropical ports, during several months in the year, would well nigh ruin the commerce of the country, and that needlessly. We believe that there should be a National Board of Health, composed in part of medical men, of scientists and commercial men, with an organ, open alike to all contributors to public health, regardless of sects or schools, and that such board should have authority to keep a competent observer in each tropical port, in connection with our con-

sulate, or a mercantile house, to report the presence of any dangerous infectious disease, and to notify the National Board of the sailing of any vessel suspected of infection; also that such board should have authority to establish quarantine against any port found to be so infected and against no others; to detain vessels, examine passengers, disinfect cargoes, and do what else may be necessary to protect our country against specific evils from specified places. This kind of quarantine we call *discriminative*. It could do but little to injure the important commerce of the country, and yet would accomplish all that a more sweeping and destructive quarantine could possibly effect.”

On the whole the homœopathic commission has done good work in gathering the opinion of a large number of physicians from a wide extent of country as it regards the treatment of the disease and presenting the results in favorable contrast with all other forms of medication. The suggestions as it regards the prevention of disease are well tried and worthy of careful consideration. As yet notwithstanding all that has been said by earnest investigators we can reach no definite conclusion as it regards the real cause of the disease and many of the phenomena which marks its progress.

The commission will make two reports; one very speedily to the congressional committee and the other in more detail to the American Institute of Homœopathy which meets next June at Lake George.

#### SOURCES OF DISEASE AND CRIME.

It is a startling fact, not generally known, that the overcrowding of population in New York is greater than in any other city in the world. In the Fourth Ward alone there are 290,000 inhabitants to the square mile, while in the most closely populated district of London, there are only 175,000 to the square mile. In the city of New York 500,000 persons live in tenement houses and the majority of them sleep in rooms which are never aired except by opening into the rooms where cooking is done. Is it to be wondered with these hot beds of vice and crime in our midst, our prisons are crowded, our charitable associations taxed to the utmost,

and that the death rate is enormously above what it should be in a city located like New York. It is safe to say that 90 per cent. of those born in these crowded districts die before passing out of the period of early youth, and the lot of the majority of those who survive is even more sad than death. They mark their pathway through life with a trail of crime and disease, which is like the breath of a pestilence upon the community. In this city of costly churches, magnificent hospitals, noble charities and crushing taxation if more attention were directed to improving the homes of the poor we should have decreased taxation, less demand for charity, and a healthier and purer population.

A long step in the right direction has just been taken by that energetic paper *The Plumber and Sanitary Engineer*, in associating with itself Messrs. D. Willis James, F. B. Thurber Henry E. Pellew, and Robert Gordon, in offering a premium of five hundred dollars for the best design for a house for working men. This is practical philanthropy, and if it can be carried out in the proper spirit, will let the sunlight of health into the darkness of those foul, disease, and crime-breeding dens, which disgrace our city. Upon work like this depends in a great measure the regeneration of our city. Drive the plough-share of a healthy reform under these abuses and they will have no opportunity of ripening into a baneful harvest.

#### ELEGANT ENGLISH.

An "Open Letter" has been extensively circulated through the community in which the writer addresses the following language to Eugene Grissom, M.D. L.L.D., Superintendent of the Insane Asylum North Carolina. "A distempered and snarling cur has nobler mental and moral qualities than you; the vibrio that wriggles in decomposing filth is higher in the scale of existence; the foul bird that defecates in its own nest is less odious; the wretch, who actuated by perverted instincts revels in nasti-

ness and abominations is not so execrable; the monster who insults the mother who bore him is more entitled to human sympathy."

This forcible language was not uttered by any drunken vagabond, steeped in depravity and mad with drink but by Wm. A. Hammond, M.D. formerly Surgeon General of the Army of the United States, now specialist in nervous diseases and Professor of Diseases of the mind and nervous system in the University of the city of New York, and scattered in an "Open Letter" among a profession, ranking as learned and which should be composed of gentlemen.

Dr. Hammond will hardly obtain the sympathy of those who read Dr. Grissom's scathing article in the *American Journal of Insanity* on "True and False Experts" by any such ventilation of his inner nature as is found in the above extract.

PEPSIN is a nitrogenous agent, having a special affinity for albuminoids, changing them into *albuminose*, which is capable of absorption (dialysis), or transudation through animal membranes.

M. BOUCHUT found that *Ascarides* and *Tænia* were *digested* by a weak alcoholic solution (1-35) of amylaceous pepsin. This process should be tested.

#### Correspondence.

#### HOMŒOPATHY AND PSEUDO-LIBERALISM.

BY GEO. L. FREEMAN, M.D., BROOKLYN, N. Y.

Among the conspicuous advocates of the new movement in favor of "medical fusion," Dr. Horace M. Paine is perhaps the ablest, and certainly the most outspoken. His recent communication in the *TIMES*, on this subject, entitled, "The Critical Period of Homœopathy," presents an array of facts and arguments sufficiently imposing to justify deliberate review. The leading propositions which he here attempts to sustain may, succinctly and in direct form, be stated as follows:

I. In order to prevent the "threatened extinction" of Homœopathy, in consequence of the "prudent and liberal policy" at present

pursued by the Allopaths, we should hasten to copy their magnanimous example, by throwing open the doors of our societies to "all educated medical men," without requiring "any acknowledgement of their belief in Homœopathic principles."

II. Those "transcendental" theories and practices, relating especially to the "minimum dose," and the "dynamization" of remedies, by which certain members of our school have endeavored to associate with true Homœopathy that which is false, visionary and fanciful, having long enough "contributed to the tardy adoption" of our principles by the Allopaths, ought now to be "discarded" by us, in a "formal declaration."

That is to say—while we are to extend the right hand of fellowship towards the so-called Regular who, according to our tenets, gives *too much* medicine, we must repudiate with contempt our old-time colleague, equally well trained, who is committed to the heresy of giving *too little*!

Now, after serious consideration, it does not seem to us that this is exactly the way in which we can hope to bring about a medical millennium. On the contrary, we are firmly convinced that, if such an epoch is ever to dawn upon our profession, it will only be when every "educated man" shall have learned to concede to every other duly licensed and qualified practitioner, the same unassailable right which he claims for himself, *of treating his patients precisely as he may think best*, without having his theories or his practice proscribed or "discarded," on any pretext, by any medical authority or organization whatsoever.

But what we especially wish to point out is the *amazing inconsistency* displayed by Dr. Paine in the conduct of his elaborate argument. Standing forth as a champion of freedom of thought and action in matters medical, he refers in terms of warm approval to the wise and liberal policy "of the old school, in refusing longer to discipline those of its members who may adopt and practice Homœopathy." "This evidence of toleration," he tells us, "on the part of that conservative fraternity, is highly commendable, and worthy of imitation by our school." And how does Dr. Paine himself at once proceed to imitate it? By denouncing certain theories and modes of practice, first in-

culcated by Hahnemann, and ever since admitted and pursued by large numbers of his most intelligent and successful disciples, as "erroneous, false, visionary, and "fanciful," and by virtually demanding that those who persist in them shall be cut off from that communion of the faithful into which every authenticated Allopath is to be welcomed without a *pro forma* question!

We have not the slightest intention of challenging the correctness of Dr. Paine's notions respecting what constitutes "true Homœopathy." So far as we understand them, they are of importance only to himself and his patients. But we can scarcely conceive of any utterance more intolerant in spirit, or more dogmatic and supercilious in tone, than that contained in the closing paragraphs of this very article in which the dominant school is praised without stint, as a shining exemplar of grace and wisdom—why? Because it has "virtually abolished all rules having reference to the infliction of a penalty regarding matters of medical belief," and now freely allows its members "the privilege of believing and practicing all systems of treatment extant"! We beg leave to ask Dr. Paine whether what he calls "Hahnemannian transcendentalism" is not a "matter of medical belief," and whether those "erroneous theories" to which he refers do not form part of a "system of treatment"? Even granting that his final recommendation does not necessarily involve the personal punishment of misbelievers, it is still none the less absurdly at variance with the exposition of broad and lofty principle which precedes it. What shall we say of a counselor who takes us to task on one page for "rescinding liberal declarations of faith and policy," and on the next exhorts us, as we value the salvation of our school, to issue a "formal declaration" of precisely the opposite character?

But it is needless to dwell longer on the logical incoherencies of this remarkable performance. "The whole Homœopathic profession," we venture to say, will hardly be "psychologized" by its influence into removing "sectarian barriers" from one side, only in order to set them up again on the other. And as for the judgment which Dr. Paine pronounces, in true *ex cathedra* style, against the doctrines and the every-day practice of a Hahnemann, a Her-



ing, a Bœnninghausen, and a Carroll Dunham—assuredly, it will only recoil upon himself.

"But this is not all." Even those who agree with our author's general assumptions, and are in sympathy with his aims, would find it impossible to carry out his implied suggestion as to the proper mode of treating homœopathic heresy, should they take up the case against the latter as he has presented it. The "formal declaration" he speaks of must, of course, comprise a clear and exact definition of those "errors" which it is intended to "discard." No such definition is furnished us by Dr. Paine. In his indictment the "charges" are mere vague rhetoric, while the "specifications" are altogether wanting. True—he "refers particularly to theoretical errors of the 'minimum dose,' and the dynamization of medicinal and non-medicinal substances." But it is quite plain that, in this matter, if we are to follow his advice, it will be absolutely necessary to "draw the line somewhere." Where would Dr. Paine have it drawn? How far will he allow us to carry up our "attenuations," without risk of being sent to wander in a labyrinth with poor, old "Dr. Hahnemann?" In all seriousness, we insist upon it, that the precise point of distinction between "true Homœopathy" and "medical transcendentalism" must correspond to some particular degree of dilution on the decimal or centesimal scale. Will Dr. Paine, before arguing any further, have the goodness to tell us what particular degree of dilution he has decided to adopt?

#### Messrs Editors :

The September number of your journal contains an article on "The Practice of Medicine," which is ostensibly an attack on sectarianism. If by sectarianism in medicine is meant the difference between Homœopathy and the Old School none of us are likely to see the end of it, and the medical student will still find it impossible in our day to "select" anything but a "sectarian school." Not only is there "no other in this country," but neither is there anywhere else. The nearest approach to it is the school at Ann Arbor.

The improvement of medical education in this country must come from the influence of the sentiments pervading the profession itself, and it is quite true that jealousies, whether sectarian

or personal, can but hinder the movement. Wherever the voice of the profession is raised in favor of any clearly-expressed method of elevating the standard of professional educational requirements, the legislature will undoubtedly not refuse its sanction, and if the colleges stand in the way they will be forced to succumb. They really are as anxious for improvement in this matter as the rest of the profession, and, as I believe, more so.

The article is right in asserting that the only apparent way to bring about this improvement is to give the power of granting licenses to practice only to a board of examiners appointed by state authority. Such board, however, cannot be less sectarian than the present one until the profession itself is more catholic.

The law passed by the Legislature of this State in May, 1872, provided that "the Regents of the University of the State of New York shall appoint one or more Boards of Examiners in medicine," and required that the examinations shall include "therapeutics according to each of the systems of practice represented by the several medical societies of this State," and thus compels these boards to be unsectarian. The Homœopaths were first in claiming their Board and have examined some candidates and granted some degrees. The Allopaths have the personnel of their board made out. The Eclectics have taken no action.

By "the present State Board" is presumably meant the first board—that representing the Homœopathic physicians of this State. Every member of this board is a professed Homœopath; but every member has an Old-School diploma and a proper respect for his allopathic alma mater, and it is rather difficult to conceive how it can be made less sectarian.

The question from which the *Regents* select those which the candidate is to answer include questions on Homœopathic, on Allopathic and on Eclectic materia medica and therapeutics and this examination is thus made absolutely free from sectarianism.

The assertions that the present board is an "autocracy," and that "every member of it owes his appointment to one man," are incorrect.

This idea of a State examination is in advance of the present feeling of the profession, and is not supported by it. In this want of sympathy

lies the true cause of the smallness of the number of applicants for the diploma.

If it is possible to devise means for creating a less sectarian, or otherwise better board of examiners, by all means let us have it. For the present let us make the most of what we have. It certainly seems that the best we can do now is to urge the passage of a law granting State protection and recognition to no doctors in future who fail to obtain the State diploma. Such action in this State would at once put a stop to the tremendous yearly addition to the list of half-educated practitioners, and would be followed by similar action in other States.

CHAS. A. BACON.

[We think our correspondent is in error when he asserts "this idea of a State examination is in advance of the present feeling of the profession, and is not supported by it, and in this want of sympathy lies the true cause in the smallness of the number of applicants." The real trouble is, that the profession throughout the State have no sympathy with a Board of Examination in the appointment of which they had but little to say, and which owes its existence to one man. Outside of Homœopathy of course there can be no affiliation with a State Board of Examination every member of which is recognized as an active practitioner in the Homœopathic ranks. The present Medical Board of Examination, notwithstanding the high scholarship and signal ability of its members, fails in accomplishing any specific work, it seems to us, not "because it is in advance of the present feelings of the profession" but because it stands alone, and in no way represents the feeling of the profession. Give us a Board of Examination made up, not from the ranks of a single school, but of scientists representing the entire profession, and we are very much mistaken if four or six years work would not show more than three diplomas granted. We believe the time, if it has not already come is not far distant, when the colleges would cheerfully give up their power of granting licenses to practice to a properly constituted Medical Board of Examination, but we do not see at present why the power is not better in their hands than it would be in three separate and distinct organizations, each made up from a distinct school.—EDS. TIMES.]

## Reports of Societies.

### HAHNEMANN HOSPITAL.

This institution was formally opened to the public on the evening of October 31st by a reception given at the hospital by the Ladies Aid Society, through whose energetic labors the funds had been raised to accomplish the work. From an early hour in the evening till nearly midnight the corridors and rooms were thronged with the passing crowd, who were emphatic in their admiration of the completeness of the institution in all its details for the great work to which it was dedicated. About eight the parlor was filled to overflowing to listen to the address of the President, Hon. Salem H. Wales, which presents the history of the enterprise so completely that we give it entire.

"On the 25th day of October, 1876, the corner-stone of the Hahnemann Hospital was laid, with appropriate ceremonies, in the presence of a large number of people, and in accordance with the ancient Masonic rites, under direction of Elwood E. Thorne, Past Grand Master of the Free Masons of this State.

Present with us on that occasion, and taking part in the exercises, was the late William Cullen Bryant, whose eloquent voice and graceful pen were ever ready to aid in the prosecution of this work, the first General Hospital edifice erected in this city for the reception and treatment of patients by the homœopathic system.

We shall ever bless and honor the memory and name of William Cullen Bryant for the warm interest he took, and efficient aid which he gave to the success of this undertaking.

The Hahnemann Hospital Association was organized on September 7, 1869, and an Hospital was opened for the reception of patients on the following January, in East 55th Street.

Subsequently, it acquired from the Corporation of the city a lease for ninety-nine years of the twelve lots of ground on which this building now stands.

The Society also obtained some money from private sources, but not sufficient to justify an attempt to build a hospital.

In the year 1871, the Trustees of the New York Homœopathic College Dispensary held a meeting in this city, to take the necessary steps

to establish, in connection with the Homœopathic College, a Surgical Hospital, with the double object in view of affording means for clinical instruction to the students, and giving opportunity to persons belonging to the medium and poorer classes to place themselves in a hospital under care of Homœopathic surgeons. Shortly afterward, a few ladies became interested in the movement, and undertook to raise funds for the erection of a building. A great fair was held in the 22d Regiment Armory in the Spring of 1872, which resulted in a net profit of \$35,000.

With the funds thus obtained, the Trustees purchased the commodious dwelling No. 26 Gramercy Park, which was soon opened for the reception of patients, but owing to the very determined opposition to it on the part of the occupants of the neighboring houses, it was decided to abandon this location, and steps were taken to dispose of the property, and a less objectionable site was sought for elsewhere.

I take this occasion to express the thanks of this Society to Mr. William Steinway, for the noble and free-handed manner in which he came to its relief, in taking, as he did, the Gramercy Park property, without the loss of a single dollar to our patiently-earned hospital fund.

The building on the N. E. corner of 37th Street and Lexington Ave. was then selected, but for prudential reasons the purchase was not consummated.

At this time there existed in this city three distinct hospital organizations under the patronage of the friends of Homœopathy, namely, the Hahnemann Hospital, the New York Homœopathic Surgical Hospital, and the New York Homœopathic Hospital for Women and Children. It was finally determined, after lengthy consultations by the friends of these associations, that they should be consolidated under one organization. This was finally accomplished by an act of the Legislature passed March 20th, 1875. Immediately succeeding this act of corporate consolidation, the ladies organized and put in motion another large fair, from which was realized a net profit of \$25,000. The two sums thus obtained amounting to \$60,000, together with \$15,000 held by the Treasurer of the original Hahnemann Hospital, were deemed sufficient by the Trustees to begin

the erection of the central or administrative portion of the building, 65 feet by 68 feet, two floors of which will be devoted to wards for the sick. It is reserved for the future to erect the two pavilions on 67th and 68th Streets.

Pending the completion of this building, the Hahnemann Hospital was temporarily located on 54th Street, near Broadway, but for want of funds sufficient to carry it on, and to build and equip the new hospital, it was given up on the 1st of May, 1877.

Immediately upon the organization of the Association, Hon. William Orton was chosen President, and discharged the duties of the office with his accustomed zeal and ability, until his death in April last.

Mr. Orton lived to see this building nearly completed, and always took a deep interest in the success of the work.

I have now given a mere outline of the efforts of the homœopaths of this city to establish and build up an institution that shall worthily represent the Special School of Medicine to which it is now dedicated, and the city of New York, which has been its most munificent benefactor.

It would be invidious, were I to take this occasion to speak the names of those who have contributed most largely to the success of this undertaking.

Some who worked with zeal and energy at the birth of this enterprise are not here to share with us the final joy of the completed work, but to whom, nevertheless, much credit is justly due. Suffice it to say, on this point, that from the three institutions named, there were brought together forces and agencies which, by patient labor and undying faith, wrought out the grand results which you behold to-night.

I repeat what I have many times said before, that this hospital building is chiefly the work of devoted women—God's chosen comforters of the sick and suffering.

In great patience, with untiring industry, in weariness often, and in the presence of many and great discouragements, these faithful and zealous women have raised and contributed almost the entire fund from which the hospital has been constructed; and more than this, the Ladies' Association assume not only the domestic management of its affairs, but also to pay its current expenses.

The Trustees of the Hahnemann Hospital, with pleasure and gratitude, make public acknowledgment of the permanent value of these self-denying labors. The work has been done in the spirit of Christ, who said :

"I was sick, and ye visited me."

I make a most urgent appeal to the benevolent of all classes not to forget the work which this Ladies' Association has undertaken to perform. Their money has gone into this building, and it is free of debt, but they have no endowment from which to draw their means of support. I call, therefore, upon the rich to contribute to the support of this Hospital, while they are alive, and dying, in the hope of a blessed immortality, to remember it in their wills. I call upon them to endow free beds. I urgently call upon every one of you to send contributions of money and provisions to help these ladies in the most arduous and trying labors and duties which they have undertaken to perform.

One word more: The Medical Staff of the Hahnemann Hospital is composed of the most eminent physicians and surgeons of the school. They give their services freely to those who come here for treatment.

This consideration alone should command the attention of those who need, and can thus receive, the most skillful treatment to be obtained in all the land. This fact should also stimulate the zeal and benevolence of those who in the comfort of their own homes, can call to the bedside of their sick ones the science and skill of these distinguished medical men.

In behalf of the Trustees of the Hahnemann Hospital and of the Ladies' Association, I give to you all a most kindly greeting, on this our opening festival! To-morrow the Hospital will open, and we shall then enter upon our more serious work. The sick and the wounded will come here to ask our physicians, surgeons, and nurses to do all in their power to give health and comfort to their sick and bruised bodies; all these things we shall seek to do by the most skillful appliances known to the healing art. We ask you all to help us in this humane work."

Remarks were also made by Dr. Guernsey, Dr. Dowling, Dr. Helmuth, and Hon. Chauncey Depew. The present building will accommodate one hundred patients. The original design contemplates a pavilion of similar size on 67th street for diseases of children, and another on 68th street for diseases of females.

## HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

### REPORT OF THE BUREAU OF OBSTETRICS.

A. P. HOLLETT, M.D., Chairman.

1. Address of the Chairman of the Bureau, considering the progress, etc.
2. "Abortion or Infanticide." C. J. Farley, M.D.
3. "Some of the Effects of Pregnancy and Parturition on the Nervous System." A. P. Hollett, M.D.
4. "Queries and Answers." Wm. M. Pratt, M.D.

Report of the Bureau of Pædology. H. Amelia Wright, M.D., Chairman.

1. "Statistics of Infant Mortality." H. Amelia Wright, M.D.
2. "Infantile Otitis." P. J. B. Wait, M.D.
3. "Dentition." M. E. Everett, M.D.
4. "Syphilis in Children." S. J. White, M.D.
5. "Clinical Reports." Clara C. Plimpton, M.D.
6. "Diseases of the Umbilical Cord." M. A. C. Brinkman, M.D.
7. "Enterocolitis." T. C. Duncan, M.D.

Dr. Waite's paper showed by statistics "Infantile Otitis" to be more frequently fatal than affections which produced blindness.

Dr. White's was an exhaustive and interesting paper on the obscure subject of "Syphilis in Children."

Dr. Bacon said that patients' statements are not always to be relied upon in regard to their previous history, and especially when the question is *venereal* taint. He mentioned a case where there seemed to be perfect frankness on the part of both parents, and no history of syphilitic disease could be elicited.

A miscarriage of a dead and decomposed fœtus at six months occurred; then a child was born at full term with *syphilitic pemphigus*, and died in a few weeks. Some years later, the father was treated for *rupia*.

Dr. Brinkman treated the subject of "Diseases of the Umbilical Cord," in a most exhaustive and masterly manner, showing not only the dangers, but the methods of prophylaxis as well.

Dr. Bacon said, that the writer seemed to have made the distinction between *pyæmia* and sep-



ticæmia depend on the formation of collections of pus in the cases of pyæmia. Pus consists of corpuscles and of liquor puris. The former, with rare exceptions, cannot enter the circulation, and hence these cases are more properly called septicæmia, and the term pyæmia is falling into disuse with the most careful writers. He related a case of bleeding from the umbilicus of an infant on the third day, cured by compression, but accompanied and followed by severe jaundice, treated only with *China*.

Dr. Blumenthal said that he had treated one case of umbilical hæmorrhage with *Collodion*. *China* and mercury have been of service in some cases.

The paper sent by Dr. T. C. Duncan, on Enterocolitis, was read by Dr. H. Amelia Wright, listened to with great interest, and its author received the thanks of the society for his contribution.

Dr. Plimpton's "Clinical Reports" referred to cases of hæmorrhage from the bowels in infancy, which elicited discussion.

Dr. Coburn said that was a subject he wanted to hear about, as he had seen a number such cases.

Dr. A. R. Wright had also seen such cases. Patients feel well until about ten minutes before stool, and the attacks would recur about every ten days. Generally, the blood was bright red, sometimes clotted; does not reduce the patient in flesh. *Baptisia* had done well.

Dr. Coburn had successfully used *Verat.* and *Ipecac.*; but he would like to know the cause.

Dr. J. W. Ostrom had cured such cases with *Aloes*.

Dr. Conant had seen three cases cured by *Hamamelis*, in which there was absence of symptoms, except discharge of blood.

Dr. Hasbrouck said that if the totality of the symptoms of a given case should lead him to the *similimum* and a prompt cure, he would not, for the purposes of a cure, care to know the cause.

Dr. Paine objected to the statement that homœopaths did not care for the causes of disease.

Dr. Bacon was sorry for any man who did not care for the causes of disease; for in many cases we may be very much aided by this knowledge.

Dr. Paine said this statement was on a par

with much of the empiricism that was heard at this meeting. Talk about the *all-sufficiency* of the *law*! we are constantly being disappointed by our confidence in it.

Dr. Conant said if this was the case, the sooner we *disband* the better. In my opinion, it is the only *therapeutic law*, and it is our own fault if we do not succeed with it. I am no champion of potency, but use everything under *S. S. C.*

Dr. A. R. Wright said he would be glad to know the pathological lesion in these cases; and *Ham.* and *Ipec.* did no good in his experience.

Dr. H. Amelia Wright presented a carefully prepared statistical report of deaths from diseases of childhood.

Dr. H. M. Paine called attention to one of the causes of cholera infantum, viz., entozoa developed in the food of bottle-fed infants. He referred to an article entitled "Acute Intestinal Catarrh of Infants, and its Treatment by Mercuric Chloride," by Dr. Ravenburg, of Washington. The paper is published in the July (1878) number of the *Medical Record*. The author ascribes one of the causes of this fatal disease to the presence of entozoa, which develop in the milk very rapidly, and to a greater extent than the digestive organs are able to destroy; hence putrefaction results and irritation is thereby established which causes the death of the infant. The source of contamination of the food is often traced to the ice chest, where the milk is usually kept in an open vessel in close proximity to other vegetable and animal articles of food. The sterilization of these infusoria is of primary importance, and is accomplished by subjecting the food to a temperature of 150 degrees; also by the addition to each bottle of food of a small quantity of mercuric chloride. Dr. R. recommends dissolving one grain of the chloride in twelve ounces of water, and of this one teaspoonful to be added to each cupful of food. The doctor also suggests that condensed milk be used, because it is more effectually protected from sources of contamination until required for use. Dr. Paine stated that during the past summer he had furnished a number of patients with the third decimal trituration of *Mercurius cor.*, and in every instance the disease had been more easily controlled than in former seasons.

Dr. Coburn's experience did not coincide with Dr. Paine's, as his patient died.

Dr. A. R. Wright would give *merc. chloride* only when indicated, as he would all other medicines.

He agreed with the author of the paper that diarrhœal diseases are most fatal, that they are diseases of the cities, and due largely to impure air. Send such patients to the country. He had studied statistics carefully, and he did not find New York City to compare very unfavorably with the rest of the State.

Dr. Conant suggested that as there were no mortuary reports in the country, an organization to this end would work a change in our views of prevailing diseases. He said also that the anti-psoric treatment of pregnant women was important in its bearing upon the coming race. Zymotic affections are much worse when complicated with psora.

Dr. H. A. Wright suggested more attention to the prophylactic regimen.

The Department of Laryngology reported by title a paper on the "History of the Art of Laryngoscopy," by Dr. E. J. Whitney.

#### BUREAU OF HISTOLOGY.

\*Dr. Chas. A. Bacon read a most instructive paper entitled, "The Physiology of To-day," and in answer to an enquiry recommended as a text-book, Kuss' Physiology, (translated \$2.50,) and Frey's Histology.

#### BUREAU OF CLIMATOLOGY.

Dr. A. R. Wright, chairman, reported progress, and said that the bureau was hard at work investigating the causes of miasmatic diseases.

He said that Prof. Richardson, of London, denies the truth of the algoid theory, but attributes the cause to a gas.

The most recent announcement in this department, is "*cess-pool fever*."

#### BUREAU OF VACCINATION.

Dr. J. T. Hotchkiss said Sept. 2d, 1878, he vaccinated a boy, age 15 months, on the leg, saw it 16th. The child on the 10th day had fever, extreme restlessness, in fact all the symptoms characteristic of thorough vaccination, except the point of introducing the virus; the scratch is healed with no scar left, but on the left arm are several wide-marked characteristic

pustules, with the depression in the centre; a large blister on the elbow—broken; now are we to consider this as a clear case of protection from variola?

The virus used was taken from the arm of a healthy child of ten months.

Dr. Anna C. Howland spoke of a case of primary bovine vaccination, in which a pustule appeared on the hand after an abrasion.

Dr. Coburn had observed the same result in the neck.

(To be continued.)

### Bibliographical.

A Manual of Therapeutics, according to the method of Hahnemann, by Richard Hughes, Second edition, mainly rewritten. London, Leath & Ross, 5 St. Paul's Churchyard, E. C., and 9 West Oxford st., W., 1877.

The writer has confined himself to the therapeutics of disease, omitting all discussion of clinical history, pathology and diagnosis. The work, he says, "is written for students and beginners, and not for men of standing and experience."

He has "attempted to put in a compact and accessible form, those applications of remedies to disease to which general consent or weighty testimony has given a standard."

Students, and beginners in the study of homœopathy, for whom the work was specially written, will find it a valuable help in getting an insight into some of the mysteries of homœopathic therapeutics. The information is presented in a clear, concise and readable form.

MEDICAL CHEMISTRY, INCLUDING THE OUTLINES OF ORGANIC AND PHYSIOLOGICAL CHEMISTRY, based in part upon Riche's Manual de Chime; by C. Gilbert Wheeler, Professor of Chemistry in the University of Chicago, and of the Hahnemann Medical College; S. I. Wheeler, Chicago, 1879.

These outlines take up the prominent compounds in organic, vegetable, and animal chemistry, and present them in a concise but very clear manner. It is seldom we have seen so much, and such valuable information comprised within the limits of a single small volume. It will prove an invaluable work to the student,

and a handy reference to the physician and general scientist.

**NOTES ON THE TREATMENT OF SKIN DISEASES**, by Robert Livering, A. M., M. D., Cantab, New York; William Wood & Co., 27 Great Jones st., 1878.

This small volume presents in a concise form the leading characteristics of the various forms of skin disease, with reference to medical formula, given for their treatment in the latter portion of the book. The descriptions of disease will be useful to all, and valuable texts may be found in the various formula.

**A CONDENSED SYSTEM OF BOOK-KEEPING**, for the use of physicians, consisting of day-book, ledger, &c., designed with direct regard to plain and simple arrangement, and saving of time, labor and expense, by D. L. Everett, M.D., of Brooklyn, N. Y. Published by Beckett & Bradford, 35 and 37 Vesey street, New York.

This ledger and day-book is prepared by a physician whose large practice suggested the necessity of some more simple and easy plan of medical book-keeping than the prevailing methods. The result is all that can be desired. The system of Dr. Everett has only to be seen to ensure its adoption.

**THE MEDICAL TRIBUNE**.—The first number of this journal comes to us under the able editorial management of Drs. Wilder and Gunn. Standing on the broad, liberal platform of the U. S. Medical College, it promises to be a valuable addition to our medical periodical literature.

#### BOOKS RECEIVED.

**Sources of the Hom. Mat. Med.**; by Richard Hughes, L. R. C. P., &c. Henry Turner & Co., London.

This little monograph, concisely and accurately prepared, will prove of great service to the student of Mat. Med.

**The Yellow Fever and the Am. Pub. Health Association**; by J. P. Dake, A.M., M.D., Nashville, Tenn.

**Sherman's Bulletin of New Remedies**; Milwaukee, Wis.

**Ovarian Tumors**; by H. N. Guernsey, M. D., Philadelphia; pp. 8.

**A Test of the Efficacy of the High Dilutions**; Milwaukee Academy of Medicine.

**Antero-Spinal Paralysis**; by H. B. Fellows, M.D., Chicago. Duncan Bros.; pp. 8.

**A Conspectus of the Different Forms of Phthisis**; by Roswell Park, A.M., M.D., Chicago; pp. 19.

**The Relation of Ozone to Disease**; Prize Thesis. By J. F. Baldwin, M. D.; Columbus, O.; pp. 14.

**"The Physicians and Surgeons of the U. S."** A Review and Editorial. Cott & Hann Publishers, Columbus, O.; pp. 8.

**"How to be Plump;"** by T. C. Duncan, M. D. Chicago; Duncan Brothers; pp. 60.

Excellent written for its purpose, and should have a large sale.

**Transactions of the Hom. Med. Society of the State of N. Y.**, for 1877-8., vol. XIV, pp. 500; paper cover, \$1; cloth, \$1.50. A limited number of copies can be had of E. S. Coburn, M.D., Treas., Troy, N. Y., if applied for at once.

**DR. HAMMOND REVIEWED**.—Dr. Hammond, of New York, recently published a paper in the St. Louis Clinical Record, which has been very widely circulated, on the cause, diagnosis and treatment of abscess of the liver. These abscesses, he believes, originate in brain disturbance. We can hardly see the philosophy of his treatment—of curing the cause by getting rid of the effect. The idea is evidently one of Dr. Hammond's original and brilliant thoughts. Dr. Coles, of St. Louis, takes up the paper in the October issue of the St. Louis Medical and Surgical Journal, and dissects it with such a keen knife, that the breaks in the joints, the false tissue, and the joining together of parts are clearly seen, and not very much to the credit of the author of the paper.

These two papers, with the one of Dr. Grison, Superintendent of the Insane Asylum, North Carolina, on Dr. Hammond as an *expert*, published together, would give a very good moral and intellectual mirror of the distinguished nerve specialist.

All salts have a special affinity for the tissues which contain their similars.

Dr. St. Clair Smith says that "Causticum is of great service in cases of inertia uteri, where there is great relaxation of the tissues and prostration.

## A RETROSPECT OF MATERIA MEDICA FOR THE YEAR ENDING 1877.\*

BY MARY E. BOND, M.D.

(Lecturer on Mat. Med. at the N. Y. Med. College and  
Hospital for Women.)

### PART IV.

It is at least questionable whether we should welcome another nerveine of this class, lest its abuses should be out of proportion to its medicinal uses. Coca is said to be "second only to alcohol, in its food replacing power;" but what a majority of our people ought to have is more good nutritious food, and less artificial substitution of it by narcotics. One writer declares that its "most prominent property consists in the exalted effect it produces, calling out the power of the organism without leaving afterwards any sign of debility,"—but the latter assertion has already been contradicted, and others tell us that its after effects are no less of a depressing character than those of alcohol and opium. Its therapeutic applications are not yet fully developed. Dr. Mantegazza, of Milan, states that he has employed it with most excellent results in dyspepsia, gastralgia, enteralgia, and also in cases of great debility following typhus fever, scurvy, anæmic conditions, hysteria, hypochondriasis, melancholia, etc. Dr. G. A. Stockwell, in the Boston Medical and Surgical Journal, says, "it is both anodyne and antispasmodic, exerting special influence on the brain and spinal cord." A correspondent of the London Lancet, from personal experience, writes that it has an inhibitory action on the heart, and prevents the "unruly throbbing" which is such an annoyance to many people in embarrassing situations, and Dr. Tanner also remarks that it "causes timid people, who are very ill at ease in society, and particularly so with strangers, to appear to good advantage in such situations. It cures bashfulness."

*Ether Spray* has been put to a new, and, as we should say, very excellent use, by Dr. W. H. Griffiths. In the Practitioner he has reported two cases of severe uterine hemorrhage in which every means commonly employed had proved unavailing. He conceived the idea of directing a large spray of ether over the abdomen and along the spine. The uterus responded at once. This method must be far preferable to the de-

luding the patient with cold water and packing in ice, which is not only difficult to accomplish well, but necessitates a change of all the clothing, besides being dangerous in such critical conditions.

*Eucalyptus Globulus* is the great Australian blue gum fever tree, an evergreen and member of the myrtle family. The *Eucalyptus* trees are natives of Australia and Van Dieman's Land, and form four-fifths of the forests of these countries, some species growing to the height of 330 feet, and having a circumference of 170. The *Eucalyptus Globulus* was introduced into Algeria 20 years ago, for the purpose of overcoming the terrible malaria of that country, and so effective has it been in making deadly regions inhabitable that the people have come to regard it as having miraculous powers. Reports from fifty localities near Algeria proved incontestably that it has a sanitary influence; wherever it is cultivated intermittent fever is diminished both in intensity and frequency, and marshy lands are made tenable. It has also been introduced into the Cape Colonies, the southern countries of Europe, the West Indies, South and Central America and California. In our own country it cannot be acclimated, except on the Pacific Coast, and in the Gulf States as far east as Florida. In short, the *Eucalyptus Globulus* cannot be grown where it may be subjected to frost; and the proposition of the Sanitarian to improve the malarial districts of Brooklyn by the planting of this tree is not feasible. Dr. R. E. Kunzé, who in the 9th volume of the Transactions of the Eclectic Society of the State of New York, attributed the anti-miasmatic properties of *Eucalyptus Globulus* wholly to its power of rapidly absorbing moisture from the ground, in the last volume has come to the conclusion that the climate change is accomplished not only in this way, but also by giving forth a balm to the atmosphere which counteracts noxious vapors. This is the generally received opinion. There are very many other interesting facts regarding this tree, its rapid growth, incombustibility, etc., for which we cannot afford the time now. Dr. Kunzé has employed it successfully in the cure of malarial fevers, without the aid of quinine or podophyllum, cephalalgia, neuralgia, rheumatism, catarrh, bronchitis, and ascariides (by enema). Sir J. Rose Cormack, in "Clinical Studies," says that

\*Read before the Homœopathic Medical Society of the County of New York.



he has found nothing so valuable in simple uterine catarrh. He has to advantage extended his use of the remedy to bronchial and vesical catarrh. It can be used internally and locally. Locally, it has the power of destroying the fetid odor of morbid discharges, without the substitution of another and perhaps worse smell; and is thus servicable in cases of ozæna, cancer, etc.

*Grindelia Robusta* and *Yerba Santa* are natives of California recently introduced to the profession by Dr. Q. S. Smith and Dr. Bundy, both of California; *Grindelia* being accredited with quick effects in relieving and permanently curing *asthma*, and the *Yerba Santa* with being equally efficient in Chronic Laryngitis and Bronchitis, in Nasal Catarrh and Rheumatism. The two are therefore frequently used in combination. The special indications for the *Yerba Santa* are a relaxed state of the mucous membrane, with scanty secretions. (Pacific Medical and Surgical Journal).

*Ferrum Dialyzatum* is a ferruginous preparation of varied composition and purity, according to the processes and the care with which it is made. Chemically, it is called by some a solution of *anhydrous ferric oxide*, and by others a solution of *oxychloride of iron*, in the colloid forms. It was prepared as long ago as 1867 by London chemists, but was not at once received with that eagerness usually accorded to new remedies. Perhaps it owes its present notoriety to the efforts of certain manufacturing chemists to introduce it. We are told in the advertisements that it may be considered the nearest approach yet made to the form in which iron exists in the blood. The tincture of the *Chloride of Iron* has been by many physicians preferred to other preparations, because of its more certain clinical results, and it is claimed that the *dialyzed iron* not only has this virtue, but that it is *superior* to the chloride in that it will not blacken the teeth, disturb the stomach, or constipate, and furthermore, that it has no styptic or unpleasant taste.

*Iodoform* was suggested by Dr. B. D. Keator, of Toulon, Ill., in a communication to the October number of the Medical Brief, as curative in dysentery if taken internally in pilular form. In the December Medical Brief there is published a letter written to Dr. Keator by a patient, in which he states that, after suffering for thirteen months with dysentery, and failing

to get relief from a trial of as many doctors, he was entirely cured by three *Iodoform* powders. Let us hope that it will be equally speedy in other cases.

*Lac Bubulum*, or Cow's Milk, continues to gain favor as a special and single article of diet in several diseases, and the "milk cure," if ever formulated or systematized, will challenge the grape and water cures for notoriety and success. The Medical Press and Circular reports that Prof. Tanner has found the milk diet beneficial and even curative in the treatment of albuminuria of pregnancy, amenorrhea and obesity. In cystitis an exclusive milk diet accelerates a cure by largely diluting the urine, making it mild and unirritating, and thus giving the mucous membrane a period of immunity from the irritant properties of ordinary urine. Dr. S. Weir Mitchell says, "in diabetes, Bright's disease, in many cases of obstinate irritative dyspepsia, in chronic diarrhoea with ulceration of the bowels, in asthma, in hypertrophy of the heart, an absolute diet of skimmed milk is, as I have many times seen, of value when every other method fails. It is also well known that in cases where milk disagrees, that buttermilk may be used as an exclusive diet, and that a man may live and fatten while using no other diet than this, as shown notably in the case of a physician who had chronic inflammation of the kidneys. This gentleman says, "I had had albuminuria for fifty months, and lived for eleven months on 400 gallons of buttermilk, and six lemons daily. I lived out of doors all the summer days, and had a pail of buttermilk and a dipper, and took no solid food. I became well of this, and fat, after a host of remedies had failed." (Medical Brief, Aug., 1877.)

*Nitro-methane* and *Nitro-ethane* are two recently discovered organic compounds which, in small doses, produce insensibility to pain, and in large doses paralysis—as shown by experiments on animals. It is expected that one of them will prove to be the long sought "absolutely safe anæsthetic," inasmuch as they leave the heart's action entirely unaffected. These few facts are from New Remedies of August, 1877, an article quoted from the German Pharmaceutica Zeitung.

"*Nusebaum's Narcosis*" is a state of anæsthesia, in which there is insensibility to pain without total abolition of consciousness. It is specially serviceable for operations about the mouth and jaws, for the patient can, when told, clear the throat of blood, and prevent the gagging and vomiting which usually interfere at such times. To induce "*Nusebaum's Narcosis*," the inhalation of chloroform is preceded immediately by a hypodermic injection of morphine or narcin, and the effect will often last half an hour.

(To be continued.)

## Medical Items and News.

THE annual meeting of the Homœopathic Medical Society of the State of New York will be held in Albany, February 11th and 12th, 1879.

In order that the wishes of the majority may prevail, it is hoped every member will be present, as matters of the utmost importance will be considered.

ALFRED K. HILLS, M.D.  
Recording Secretary.

HOMŒOPATHIC practitioners have increased about twelve per cent. in Germany during the last fifteen years, and are not decreasing, as asserted by "Old School" authority.

THE discovery of charcoal as a prophylactic in yellow fever belongs to Dr. C. Hering, and was announced by him many years ago.

A RIDICULOUS quotation from an homœopathic author has been going the rounds of the "old school" press, evidently for the purpose of injury, but the principle "*similia*" survives in spite of it. Did it ever occur to these gentlemen of the other school that *nincompoops* are to be found in both, and that it is hardly fair to hold a sect responsible for the short-comings of individual members?

HERBERT C. CLAPP, M.D., instructor in auscultation and percussion, of Boston University School of Medicine, has prepared a very valuable series of tables which exhibit the various normal and pathological sounds of the chest in such a manner that they can be shown relatively at a glance. The work will soon be published by Houghton, Osgood & Co., and it is one which would be of great service to any physician.

THE ROCHESTER UNION says there are at the Auburn State Prison forty-two lawyers, twenty-seven clergymen and thirteen doctors.

N.Y. Ophthalmic Hospital Report for November, 1878.—Prescriptions, 3,708; new patients, 477; patients resident, 44; average daily attendance, 154; largest, 216.

J. H. BUFFUM, M.D.,  
Resident Surgeon.

THE "College of Physicians and Surgeons of Michigan" has been established at Detroit, with purposes similar to its namesake of London,

England. The following were elected officers:—Pres., J. G. Gilchrist, M.D.; Vice-Pres., T. F. Pomeroy, M.D.; Recorder, R. C. Olin, M.D.; Cor. Sec., D. J. McGuire, M.D.; Treasurer, F. X. Spranger, M.D.; Curator, W. N. Bailey, M.D.; Board of Control (three years), J. D. Craig, M.D.; (two years) F. Woodruff, M.D.; (one year) W. M. Baily, M.D. Contributions to the Museum and Library are solicited.

At the annual meeting of the Hom. Med. Soc. of the County of N. Y., the following were elected officers for the ensuing year:—Pres., C. E. Blumenthal, M.D.; Vice-Pres. W. H. White, M.D.; Secy., Arthur T. Hills, M.D.; Treas., E. Carlton, Jr., M.D., Librarian, J. H. Buffum, M.D.; Censors, Drs. A. Berghaus, L. Hallock, R. McMurray, C. A. Bacon, Alfred K. Hills.

THE Homœopathic Medical Diary, adapted for any year; by E. P. Mosman, M.D. Norwich, Ct. New York, C. T. Hurlburt, 15 E. 19th street.

The exceeding value of this little book may be readily seen by reading the following table of its contents: "Almanac; Poisons and their Antidotes; Marshall Hall's Ready Method in Asphyxia; Materia Medica; Table of Pulse; Table of Signs, Engagements, Memoranda, Obstetric Calendar, &c. Addresses, &c. Black List; Record of Deaths; Patients' address, &c.; Monthly Charges; Credits; Expenses; Quarterly Synopsis."

The whole concisely and conveniently arranged for the use of the busy practitioner.

THE "National Catalogue of Medical Literature" is now finished. In continuation of this work, it is now proposed to publish monthly, under the editorship of Dr. Billings, and of his assistant, Dr. Robert Fletcher, M. R. C. S., a current medical bibliography, under the title of the *Index Medicus*. It will be issued by F. Leypoldt, the bibliographical publisher, 37 Park Row, New York, at \$3 per year, and will enter all medical books and index the leading medical journals and transactions in English and other languages. A full list of the latter, numbering over 600, will form a part of the specimen number of the *Index*, soon to be issued.

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A PRACTITIONER of considerable experience would like to learn of a good location, either alone or with another. Address J. B. Huntington, L. I.

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It not only gives prompt relief from the irritability of acute congestion, but, in chronic cases of diseased mucous membrane, will, by its gentle stimulating and astringent qualities, invigorate the parts affected, promote their healthy action, arrest morbid discharges and restore the normal secretions. **Endorsed by the Medical Profession.**

A NEW YORK PRACTITIONER OF LARGE EXPERIENCE, AFTER REPEATED TRIALS, REPORTS: "In a variety of skin diseases of a dry and non-suppurating character, and in old ulcers it has worked well. In all catarrhal affections, and in Acne, Rosacea, it has given great relief, and produced marked cures where the usual remedies had failed. In cases of Rupia Prominens, it immediately changed the character of the secretions, and in a few days afforded decided relief. The results have been far beyond my expectations, and I cheerfully recommend it to the profession as an article of great merit."

A CELEBRATED PHYSICIAN WHO HAS THOROUGHLY TRIED IT, SAYS: "I have used your Chloride of Kalium Solution in various forms of catarrhal troubles, nasal, pharyngeal, vaginal, and uterine, with the most marked success. Where indicated, the action is decided and more speedily beneficial than anything in my experience."

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**FORMULA.**—50 per cent. of pure Cod-Liver Oil, 6 grs. of the Hypophosphite of Lime, and 3 grs. of the Hypophosphite of Soda, to a fluid ounce.

We respectfully submit the following facts to the medical profession, and ask their careful consideration:

*First.*—We overcome by our process of Emulsifying and preparing the oil, its nauseous and disagreeable properties, rendering it so palatable that it can be taken and retained by children and persons of the most sensitive stomach.

*Second.*—The Emulsion is perfectly made, the Hypophosphites being so incorporated with the oil that they form a union perfectly compatible; and combined in this way, they are both more easily digested and appropriated than in their natural state.

*Third.*—The Emulsion is **ABSOLUTELY PERMANENT**, remaining for years in any climate, if not exposed to the air or intense heat, without the slightest separation or change (which we believe is not true of any other similar preparation).

And we most respectfully ask those who have never prescribed it, or seen its results, to give it a trial, and if they do not admit its superiority over plain Cod-Liver Oil, or any combination they have ever used in pulmonary troubles, scrofula, and all wasting diseases, we will not ask for a continuance of their patronage. It is sold by nearly all druggists. But if you desire a personal inspection of the Emulsion before prescribing it, we will be pleased to send you a 4 oz. sample by express (prepaid).

SCOTT'S EMULSION is one of the best in market of the many preparations of Cod-Liver Oil with Hypophosphites of Lime and Soda. It is agreeable to the taste, does not offend the stomach, and highly beneficial in its results.

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HOMŒOPATHIC TIMES.

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Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops**, viz.: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER of HOPS, PHOSPHATES of LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by S. Douglas, Professor of Chemistry, University of Michigan, Ann Harbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712. Alkalies .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours, truly,

SILAS H. DOUGLAS,

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This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhaustive constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

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Extract of MALTED, BARLEY, WHEAT and OATS.

THIS PREPARATION CONTAINS

From Three to Five Times the Medicinal and Nutritive Elements found in EXTRACT OF MALT.

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In support of our claims we invite the attention of the profession to the following points, viz:

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**SECOND:** Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium and Potassium are essential elements in the food of man; and it is only in **MALTINE**, containing the combined properties of malted Barley, Wheat and Oats that all these principles can be found in the proper proportions; Extract of Malt made from Barley alone is wanting in some of the most important of these elements.

**THIRD:** *Gluten* is most nutritious principle found in these cereals, and the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. **MALTINE** contains twenty times the quantity of *Gluten* found in any Extract of Malt.

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We also manufacture a perfectly prepared EXTRACT OF MALT, from Barley only.

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Every quart of this preparation contains the vital, nutritive elements found in one-half bushel of wheat, and the fibrin contained in sixteen pounds of beef.

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The **CARBONACEOUS FOOD** is designed for **EXTERNAL APPLICATION** to the body. It is so compounded chemically, that upon its application to the surface of the body it is rapidly absorbed into the circulation, thereby relieving the stomach of the Labor incurred in the function of Digestion. This preparation should be used in all cases of Chronic disease based upon Nervous Debility, and to which the Nerve and Muscle Building forms of food are applicable. It is not perhaps indispensable, but it will hasten and increase the chances of recovery by relieving the stomach of a laborious function. It simply supplies fuel to the tissues of the human body to support animal heat.

Better effects are experienced by the **EXTERNAL APPLICATION** of this food than by the **INTERNAL USE** of Cod Liver Oil, the practical effects of the two **BEING IDENTICAL**.

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an artificial combination of the essential elements of these waters, as ascertained by strict chemical analysis, discarding those substances which are inert, and retaining those only which have a positive therapeutic value.

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